



**CHILD CARE AND DEVELOPMENT FUND PLAN**  
**FOR**  
**RHODE ISLAND**  
**FFY 2008-2009**

This Plan describes the CCDF program to be conducted by the State for the period 10/1/07 – 9/30/09. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

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Public reporting burden for this collection of information is estimated to average 165 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**(Form ACF 118 Approved OMB Number: 0970-0114 expires 06/30/2009)**

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STATE PLAN FOR CCDF SERVICES  
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**AMENDMENTS LOG**

Child Care and Development Services Plan for  
For the period: 10/1/07 – 9/30/09

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

**Instructions:**

- 1) Lead Agency completes the first 3 columns and sends a photocopy of this Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the Log, showing the latest amendment pending in ACF, is retained in the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

## **PART 1 ADMINISTRATION**

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

### **1.1 Lead Agency Information** (as designated by State chief executive officer)

Name of Lead Agency: **RI Department of Human Services**  
Address of Lead Agency: **600 New London Avenue, Cranston, RI 02920**  
Name and Title of the Lead Agency's Chief Executive Officer:  
**Gary Alexander, Acting Director**  
Phone Number: **401-462-2121**  
Fax Number: **401-462-3677**  
E-Mail Address: **galexand@dhs.ri.gov**  
Web Address for Lead Agency (if any):  
**www.dhs.ri.gov**

### **1.2 State Child Care (CCDF) Contact Information** (day-to-day contact)

Name of the State Child Care Contact (CCDF): **Reeva Sullivan Murphy**  
Title of State Child Care Contact: **Child Care Administrator**  
Address: **Office of Child Care, 600 New London Avenue, Cranston, RI 02920**  
Phone Number: **401-462-6875**  
Fax Number: **401-462-6878**  
E-Mail Address: **rmurphy@dhs.ri.gov**  
Phone Number for child care subsidy program information (for the public) (if any):  
**401-222-7000 OR 1-800-359-4111**  
Web Address for child care subsidy program information (for the public) (if any):  
**www.dhs.ri.gov**

### **1.3 Estimated Funding**

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2007 through September 30, 2008. (§98.13(a))

CCDF:	<b>\$17.5 Million</b>
Federal TANF Transfer to CCDF:	<b>\$14.3 million</b>
Direct Federal TANF Spending on Child Care:	<b>\$ 0</b>
State CCDF Maintenance of Effort Funds:	<b>\$5.3 Million</b>
State Matching Funds:	<b><u>\$3.9 million</u></b>
Total Funds Available:	<b>\$41 million</b>

#### **1.4 Estimated Administration Cost**

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): **\$ 900,000 (4%)**. (658E(c) (3), §§98.13(a), 98.52)

#### **1.5 Administration of the Program**

Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

☐

Yes.

☒

No. If no, use the table below to **identify** the name and type of agency that delivers services and activities. (If the Lead Agency performs the task, mark “n/a” in the box under “Agency.” If more than one agency performs the task, identify all agencies in the box under “Agency,” and **indicate** in the box to the right whether each is a non-government entity.)

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Service/Activity	Agency	Non-Government Entity (see Guidance for definition)	
Determines individual eligibility:			
a) TANF families	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Non-TANF families	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assists parents in locating care	Options for Working Parents	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Makes the provider payment	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Quality activities	<b>Practitioner Professional Development (Training &amp; Resources): Children's Friend and Service</b>  <b>Early Learning Standards Development/Dissemination: RI Department of Education</b>  <b>CC Regulation &amp; Monitoring: RI Department of Children, Youth and Families</b>  <b>Technical Assistance to Providers (Health, Mental Health, Integration of Special Needs Children, Infant /Toddler Best Practice, Communication with Families: RI Department of Health*</b>  <b>Practitioner Professional Development (Certificate Program): Community College of RI</b>  <b>Market Rate Survey: RI Department of Labor and Training*</b>  <b>CC Facilities Fund: RI Local Initiatives Support Corporation*</b>  <b>QRS Partnership: RI Kids Count*</b>  <b>Comprehensive CC Services (4 certified provider networks operated by Primary Contractors): West Bay Community Action; Cranston Community Action Program; Meeting Street Center; Kids Klub</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

*\* these entities contract some or all of the services delivered out to community agencies selected through a structured bidding/contracting process – DHS participates in the selection of community agencies*

If the Lead Agency uses outside agencies to deliver services and activities, **describe** how the Lead Agency maintains overall control.

**All grants and awards are allocated according to the procurement regulations located in Chapter 37-2 of the General Laws of Rhode Island. Once awarded, grantees enter into a contract outlining the basic assurances and parameters of their contractual obligations. All grantees (including other state agencies) are required to submit program and financial reports at least quarterly. All contracts are monitored by DHS Office of Child Care staff for compliance with the program and by DHS Financial Management staff for compliance with approved budgets and expenditures. Annual audits are required regarding the expenditures of the contract budget. Office of CC staff attend Advisory Committee meetings for contracted projects and meet regularly with project staff.**

#### **1.6 Use of Private Donated Funds**

Will the Lead Agency use private funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2)?

- ☐ Yes. If yes, are those funds:
- ☐ Donated directly to the State?
  - ☐ Donated to a separate entity or entities designated to receive private donated funds?

How many entities are designated to receive private donated fund? \_\_\_\_\_

Provide information below for each entity:

Name:  
Address:  
Contact:  
Type:

- ☒ No.

#### **1.7 Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children**

1.7.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

- ☐ Yes, and:

( ) The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).



(\_\_ %) Estimated percentage of the MOE requirement that will be met with pre-K expenditures.(Not to exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the MOE requirement, the following **describes** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

☒ No.

1.7.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

☐ Yes, and

(\_\_ %) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (Not to exceed 30%.)

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following **describes** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

☒ No.

1.7.3 If the State answered yes to 1.7.1 or 1.7.2, the following **describes** State efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

## **1.8 Improper Payments**

1.8.1 How does the Lead Agency define improper payments?

**The RI Department of Human Services (RIDHS) agrees with the definition contained in the Improper Payments Information Act of 2002. Specifically, improper payment:**

**(a) means any payment that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory, contractual, administrative, or other legally applicable requirements; and**

**(b) includes any payment to an ineligible recipient, any payment for an ineligible service, any duplicate payment, payments for services not received, and any payment that does not account for applicable discounts.**

1.8.2 Has your State implemented strategies to prevent, measure, identify, reduce and/or collect improper payments? (§98.60(i), §98.65, §98.67)

☒ Yes, and these strategies are:

**Prevention/Reduction:**

- Every provider approved to accept payments in CCAP must attend a mandatory 2 ½ - 3 hour introductory training session on CCAP rules and provider responsibilities before they can receive their first reimbursement check
- The Systems Solutions Sub-committee of the Advisory Committee on Child Care and Development at DHS meets regularly to discuss provider perspectives on CCAP operations – Office of Child Care provides clarifications on rules and procedures and these are communicated to all participating providers
- RI DHS staff responsible for authorizing CCAP attend periodic training sessions on rules and procedures
- Supervisors of field staff responsible for authorizing CCAP meet periodically with Office of Child Care staff to review rules and procedures as well as staff and provider activity
- RI DHS has established a Front End Detection Unit (FRED). Staff are able to refer questionable applications to FRED for investigation before determining eligibility for assistance
- Providers who exhibit a pattern of inaccurate enrollment or reporting of attendance that results in improper payments are discontinued as approved providers in CCAP

**Information Technology**

- Providers have access to an Automated Web-based Enrollment System which provides timely and accurate eligibility information for them and collects and processes enrollment information from them
- The DHS INRHODES database fully integrates client and eligibility information from TANF, Food Stamps, Medical Assistance, Child Care, and other public assistance programs administered through DHS. Program rules and application state that DHS may use any information known to the department in making eligibility decisions
- Data sharing/matching from outside sources such as IEVS, Unemployment, New Hires, PARIS, INS, SSA, SSI, Child Support, etc.

**Identification:**

- RI's Single Audit
- RI DHS FRAUD Unit
- Reports from INRHODES integrated data base
- Reviews of payment claims from providers
- Reviews of sampled cases

**Collection:**

- Financial Management Unit identifies overpayments and recoups these from provider reimbursements
- Parents who commit fraud in accessing assistance for which they are not eligible are subject to prosecution and repayment of resources paid on their behalf

☐ No. If no, are there plans underway to determine and implement such strategies?

☐ Yes, and these planned strategies are:  
☐ No.

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**PART 2**  
**DEVELOPING THE CHILD CARE PROGRAM**

**2.1 Consultation and Coordination**

- 2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)). **Indicate** the entities with which the Lead Agency has consulted or coordinated (as defined below), by checking the appropriate box(es) in the following table.

*Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).

*Coordination* involves the coordination of child care and early childhood development service delivery, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). At a minimum, Lead Agencies must coordinate with (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health), (3) employment services / workforce development, (4) public education, (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

	<b>Consultation in Development of the Plan</b>	<b>Coordination with Service Delivery</b>
Other Federal, State, local, Tribal (if applicable), and private agencies providing child care and early childhood development services.	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Public health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Employment services / workforce development	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Public education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *

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	Consultation in Development of the Plan	Coordination with Service Delivery
Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Representatives of local government	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
State/Tribal agency (agencies) responsible for		
State pre-kindergarten programs N/A	<input type="checkbox"/>	<input type="checkbox"/>
Head Start programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Programs that promote inclusion for children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency preparedness <sup>o</sup>	<input type="checkbox"/>	<input type="checkbox"/>
Other (See guidance): <b><u>Advocacy Organizations, CCR&amp;R, Community Organizations, Faith-based Organizations, NON-Profits/Charitable Organizations/United Way, Parent Organizations, CACFP, Office of the Governor, DCYF (Child Welfare agency), higher education institutions</u></b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

\* Required.

**For each box checked above, (a) identify the agency providing the service and (b) describe the consultation and coordination efforts.** Descriptions must be provided for any consultation or coordination required by statute or regulation.  
<sup>o</sup> If you have prepared an emergency preparedness plan related to your child care and early childhood development services, attach it as **Attachment 2.1.1**.

**RI Department of Health (RI DOH):** RI DOH administers Successful Start, the RI State Early Childhood Comprehensive System (SECCS) grant. DHS continues to actively participate in implementation of the plan and has signed an official Memorandum of Agreement with DOH to advance desired outcomes and take leadership in appropriate goal areas. The Child Care Administrator serves on the Steering Committee and chairs and implementation work group related to Early Childhood Education and Care coordination. RI DHS and RI DOH collaboratively fund and oversee the Child Care Support Network (CCSN), an on-site technical assistance program for regulated child care providers (centers and family child care homes) administered by RI DOH with particular emphasis on improving overall quality, improving infant/toddler care, health and safety, integrating special needs children in child care settings, developing positive relationships with families, and supporting optimal social and emotional development of children in care.

Relevant to **Emergency Preparedness**, RI DOH worked with RIDE and the Rhode Island Emergency Management Agency (RIEMA) to prepare and disseminate Childcare Center Emergency Planning: Preparedness, Response and Recovery, a set of comprehensive guidelines contained on WORD compatible CDs that provide a step-by-step model and template for individual centers to develop their own Childcare Center Crisis Response Plan (CCCRP) and to evaluate plans that are already in place. This resource was disseminated to all CC centers in RI in 2006 and is available from RI DOH for any new centers. A set of the CD's is attached as **Attachment 2.1.1.(a)**

**Rite Works Employment and Retention Services (Rite Works)** is a unit within the Individual and Family Support Services Division of RI DHS as is the CCAP. Rite Works has responsibility to coordinate with other state and federal agencies and with RI employers on employment issues and opportunities. As such Rite Works staff have formed partnerships with RI Department of Labor and Training (RI DLT), RI Department of Elderly Affairs, the RI Human Resource Investment Council, The Employer Service Network, RI Economic Development Council, the Business First initiative and netWORKri, a state wide collaborative one-stop employment program. Through these partnerships and affiliations Rite Works is able to form relationships with employers who can provide training and employment opportunities for DHS clients. The focus of Rite Works is to place beneficiaries of the Family Independence Program (FIP/TANF) into jobs and support job retention after placement. As FIP beneficiaries these families are eligible for child care assistance to support both job training and employment. Rite Works and CCAP staff work together to ensure that child care issues are not barriers to full participation in the workforce.

**RI Department of Education (RIDE)**: RI DHS and RIDE work collaboratively on the Rhode Island Early Learning Standards Project (described in greater detail in Part 5). This project supports development and dissemination of the RI Early Learning Standards (RI ELS) for Pre-K children. The two departments develop, coordinate, and oversee a highly successful professional development effort to implement RI ELS for ECE professionals in public school EC programs and community Early Childhood Education and Care (ECEC) settings. Under the auspices of the RI ELS Project, and with RIDE leadership, the departments are now moving forward to support a revision of the Standards for Approval for Educational Programs for Very Young Children that defines criteria for identifying a RI Early Learning Standards based educational program. These will become RI's definition of Pre-Kindergarten. The new Approval Standards and processes will be coordinated with CC licensing regulations and processes and with the emerging RI Quality Rating System.

**RI DHS** is the lead agency for **TANF**. The RI DHS Starting Right Child Care Assistance Program (RI DHS CCAP) is administered in the Individual and Family Support Services Division of RI DHS as is TANF. The programs are closely coordinated. RI DHS staff make every effort to ensure that families transitioning on to or off of the Family Independence Program (RI's TANF program) encounter a

seamless transfer of child care benefits where these are needed to support work or participation in approved activities in order to advance positive family outcomes.

**Narragansett Indian Tribe:** The Hand in Hand Child Care center operated by the Narragansett Indian Tribe is licensed and approved to accept reimbursements for child care services delivered to CCAP eligible children. Currently eight (8) CCAP eligible children are enrolled there. The center Director is included in the Advisory Committee on Child Care and Development at DHS (ACCCD) participant list and receives regular information about the operation of CCAP and the activities of the Starting Right Quality Initiatives.

**Representatives of local government:** Representatives of local municipalities attend meetings of the Advisory Committee on Child Care and Development at DHS. DHS Office of Child Care staff go out to local municipalities and regional partnerships to provide information about the resources available for early education and child care through CCAP and also to gain information about local efforts and programs. The Child Care Administrator serves on the Advisory Board of Ready 2 Learn Providence, the Early Learning Opportunity [ELO] grantee in RI's urban center and capital.

**Pre-K:** Rhode Island does not have a formal state Pre-K program – by consensus of the agencies represented on the RI Children's Cabinet, the state has made significant investments in early childhood education by investing in increasing access to regulated child care and improving quality in child care settings through rate increases and strategic quality investments. One of the stated goals of the emerging Quality Rating System in RI is to define standards for pre-kindergarten program certification that will include implementation of RI ELS. (see RIDE note above) The implementation of a RI QRS in 2008 will enable RI to definitively identify pre-kindergarten programming embedded in community settings and supported for CCAP eligible preschoolers with blended CCDF and state funding.

**Head Start:** Through an annual legislative grant administered through RI DHS, RI supports additional slots for Head Start eligible children in each of the eight grantees across the state. RI DHS staff enjoy a strong collegial relationship with staff from the Administration for Children and Families in Region 1 who oversee and monitor the grantee agencies and programs. Representatives from Head Start and Early Head Start grantees participate regularly on the Advisory Committee on Child Care and Development at DHS. Head Start grantees offering full day, full year programs have full access to CCAP funds to support child care for children in working families beyond the hours of the federally supported Head Start early education program and all grantees have a number of sites approved in DHS CCAP. The Child Care Administrator communicates regularly with grantee staff and members of the state Head Start Association.

The **Head Start Collaboration Project** Director is housed at DHS in the Division for Individual and Family Support Services and works closely with Office of Child Care staff to coordinate Head Start and CCAP.

The **Early Intervention Program** addressing the special needs of children from birth to three (3) years of age is now administered by **RI DHS**. Office of Child Care staff participate on the RI Interagency Coordinating Council (ICC).

The **Early Childhood Interagency Task Force** addressing the special needs of children from three (3) to five (5) years of age is administered by **RIDE**. RI DHS has strong collegial relationships with RIDE, and collaborates to support integration of children with special needs with typically developing peers in community settings. Additionally, **RI DHS** administers a program to support integration of special needs children into community child care settings as part of the CEDARR (Comprehensive Evaluation, Diagnosis, Assessment, Referral, and Re-evaluation) Family Center Initiative in the Center for Child and Family Health. **Kids-Connect** allows specially certified child care providers to provide additional services needed to successfully integrate qualified children with special needs in community child care settings. These specific services are supported by Medicaid funds. Office of Child Care staff have worked closely with colleagues in the Center for Child and Family Health to develop and launch these services in regulated child care settings across the state.

[Other]

RI DHS is not responsible for CC licensing but works closely with **RI Department for Children, Youth and Families (RI DCYF)** to support monitoring, uphold child care licensing regulations, and provide technical assistance regarding licensing and quality to providers and prospective providers.

RI DHS is a major participant on the **Rhode Island Children's Cabinet** which is comprised of Directors and senior staff of RI DHS, RI DCYF, RIDE, RI DOH, RI DLT, RI Department of Administration, RI Department of Mental Health, Retardation and Hospitals, as well as the Commissioner of Higher Education, and senior staff from the **Office of the Governor**. The intent of the Children's Cabinet is to foster cooperative state efforts to address the needs of children and families in an integrated and effective way. It functions as an information exchange and collaborative planning forum among state departments, private service agencies and the public. The Cabinet is facilitated and led by the Secretariat of the Executive Office of Health and Human Services. **Attachment 2.1.1.(b)**

Representatives from Advocacy Organizations, CCR&R, Community Organizations, Faith-based Organizations, Non-Profits/Charitable Organizations/United Way, Parent Organizations, CACFP, Office of the Governor, DCYF (Child Welfare agency), and higher education institutions participate on the Advisory Committee for Child Care and Development facilitated by DHS Office of Child Care. **Attachment 2.1.1.(c)**

- 2.1.2 State Plan for Early Childhood Program Coordination. *Good Start, Grow Smart* encourages States to develop a plan for coordination across early childhood programs. **Indicate** which of the following best describes the current status of the State's efforts in this area. **Note: Check only ONE.**

- ☐ **Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- ☐ **Developing.** A plan is being drafted.  
The draft is included as **Attachment 2.1.2.**
- ☐ **Developed.** A plan has been written but has not yet been implemented.  
The plan is included as **Attachment 2.1.2.**
- ☒ **Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as **Attachment 2.1.2.**
- ☐ **Other (describe):**

**Describe** the progress made by the State planning for coordination across early childhood programs since the date of submission of the 2006-2007 State Plan.

**Rhode Island has used the opportunity presented by the State Early Childhood Comprehensive System (SECCS) grant awarded to RI by the Maternal and Child Health Bureau to plan and implement coordination of early childhood programs and services in our state.**

**The vision and mission of the this initiative, called Successful Start, embrace coordination across CCDF, Head Start, TANF, public school programs and early intervention services. The plan was developed with representation from individuals representing all of those programs.**

**The Executive Office of Health and Human Services (EOHHS) was created by Executive Order of the Governor in December 2005 to increase interdepartmental cooperation and improve access to effective and responsive programs for all populations including young children and their families. EOHHS became a permanent body in state government by statute in July 2006, formally coordinating the administration and activities of human service agencies in RI, specifically RI DHS, RI DOH, RI DCYF, RI Department of Mental Health, Retardation and Hospitals (MHRH) and RI Department of the Elderly, and providing opportunities for these departments to focus on their own missions as well as shared missions and populations by enhancing departmental efficiencies and cross-departmental collaboration.**

**The Children's Cabinet and EOHHS have adopted certain high priority goals and outcomes of the Successful Start plan in an Interagency Early Childhood Systems Project that brings state agency staff and community partners together to maintain momentum in systems building in critical component areas including Early Education and Care (ECE). The CCDF Child Care Administrator at DHS chairs the work group on ECE quality that is at work advancing targeted strategies to coordinate program standards, monitoring activities and program data across DCYF CC**



**licensing, RIDE EC educational program approval, CCDF subsidy and quality funding and the emerging Quality Rating System.**

**Indicate** whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

**The Rhode Island Children's Cabinet comprised of Directors and senior staff of RI DHS, RI DCYF, RIDE, RI DOH, RI DLT, RI Department of Administration, and RI MHRH, as well as the Commissioner of Higher Education, and senior staff from the Office of the Governor has responsibility to coordinate all programs related to children in the state. The Children's Cabinet is now facilitated and managed by the EOHHS and the Chairperson is the EOHHS Secretariat.**

**The Advisory Committee on Child Care and Development at DHS and the Successful Start Leadership Team and Steering Committee provide working groups addressing coordination of a variety of early childhood programs seeking to address access to high quality ECEC. These groups and a number of others advisory bodies, with overlapping member participation, working on related projects with like goals are considering a proposal to merge into a coordinated, collaborative governance/advisory structure as soon as fall of 2007.**

**RI DHS CCAP brings CCDF, TANF and the RI Comprehensive Child Care Services Program (CCCSP) (the state administered comprehensive child care program described in Section 5.1.4 under OTHER QUALITY ACTIVITIES) under one program – these three programs are seamlessly coordinated. Early Intervention (EI) is administered by RI DHS in the Center for Child and Family Health (CCFH) which allows for coordination between CCAP and EI. RI Kids-Connect, also at DHS CCFH, brings Medicaid funding to support the integration of children with special health care needs in community child care settings with typically developing peers. Section 2.1 describes RI DHS CCAP coordination with Head Start and the Narragansett Indian Tribe.**

**Describe** the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

**The expected results of coordinating all programs related to young children and their families in RI is that we achieve progress toward the RI Children's Cabinet overarching goals:**

**All children enter school ready to learn.**

**All children leave school ready to lead productive lives.**

**All children are safe in their homes, schools and neighborhoods.**

**All children live in families that are economically secure.**

**The Children’s Cabinet works with RI Kids Count and the Successful Start Leadership Team to identify and track indicators that monitor success toward those ends.**

**The Successful Start plan articulates practical strategies that support progress by working to ensure that all young children in RI have an opportunity to achieve their full potential through access to a system of services that promote healthy social-emotional development, excellent early care and education, coordinated medical homes and effective parent education and family support services.**

**The Early Care and Education component of Successful Start recognizes and advances RI Early Learning Standards, the emerging RI Quality Rating System and HOPE, RI’s ECE professional development blueprint as building blocks for promoting ECE program excellence in order to promote positive outcomes for young children and their families.**

**Describe** how the State’s plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

**Since the inception of Starting Right in the mid-late 1990’s, Rhode Island has demonstrated a commitment to coordinated services for children and families and an inclusive, collaborative approach that supports state agencies working with one another, with private community agencies and entities, and with stakeholders in the public forum to advance a collective vision for children and families.**

**Under the current state administration, the Children’s Cabinet, and now EOHHS, maintain a focus on coordination.**

**The Successful Start plan is considered by those committed to it to be a “living document” that identifies opportunities to advance positive outcomes and refines strategies and action steps to take advantage of opportunities and momentum and counteract setbacks and unanticipated developments. Though overall goals and desired outcomes are not expected to change, strategies and action steps are likely to evolve to address the changing landscape.**

## **2.2 Public Hearing Process**

**Describe** the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

Date(s) of statewide notice of public hearing: **May 19, 2007**

Manner of notifying the public about the statewide hearing:

- **Advertisement in Providence Journal**
- **Announcements at public meetings of the ACCCD**
- **General E-mail to members of the ACCCD and the Welfare Reform Implementation Task Force**
- **Broadcast internet message to child care providers participating in RI DHS CCAP**
- **E-mail alert to members of the ACCCD**

Date(s) of public hearing(s): **June 20, 2007**

Hearing site(s): **9:00 – 11:00 AM: Arnold Conference Center, Cranston, RI**  
**6:00 – 8:00 PM: DaVinci Center, Providence, RI**

How the content of the plan was made available to the public in advance of the public hearing(s):

**Draft of plan available by request from DHS Office of Child Care (stated in ad and on post card)**

**Draft of plan available on DHS website**

**Draft of plan available at DHS Office of Child Care**

**Draft of plan distributed at meeting of ACCCD**

A brief summary of the public comments from this process is included as **Attachment 2.2.**

### **2.3 Public-Private Partnerships**

Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private-sector involvement in meeting child care needs?

☒ Yes. If yes, **describe** these activities or planned activities, including the results or expected results.

☐ No.

#### **RI Child Care Facilities Fund, initiated 2002**

**Funding Partners:** RI Department of Human Services; LISC; The RI Foundation; United Way of Rhode Island; RI Housing and Mortgage Finance Corporation; The Alan Shawn Feinstein Family Fund; Hasbro Charitable Children's Trust; US Department of Education; and US HHS.

**Administered by:** Rhode Island affiliate of the Local Initiatives Support Corporation (LISC) and supported by the national LISC organization and its child care subsidiary, Community Investment Collaborative for Kids (CICK)

#### **Activities/Services:**

- Technical assistance for facility enhancement and loan management to all child care providers;
- Very low interest loans for building, expanding, and improving child care facilities to child care centers;

- Grants for materials and child care related home improvements to family child care homes;
- Training and technical assistance to providers on designing and enhancing child care facilities and indoor and outdoor environments; and
- Training for architects and construction industry professionals on the unique needs and challenges of building, enhancing and expanding child care facilities.

Funding priorities for provider participation include: service to DHS CCAP assisted families; expansion of child care capacity in underserved areas; increased infant/toddler capacity; participation in accreditation or other quality improvement activities; and merits of plan/project to create high quality environments for children, families, and staff.

Results/Outcomes:

- Increased child care capacity especially in underserved communities and particularly for DHS CCAP assisted families;
- Increased infant/toddler capacity;
- Improved, high quality environments for children, families & staff;
- Access to technical expertise of banking, lending and construction industries to child care providers; and
- Improved understanding of needs of child care industry by professionals in banking, lending, and construction.

**The RI Quality Rating System Partnership [RI QRSP], initiated 2005**

A partnership formed to develop and implement a comprehensive Quality Rating System for regulated early care and education (ECE) and after school plus (AS+) programs in RI by 2008.

Partners: RI DHS; the Advisory Board on Child Care & Development at DHS; RI Comprehensive Child Care Services Program; RI DOH; Successful Start at DOH; RI Child Care Facilities Fund; RI Kids Count; Options for Working Parents; RI Head Start Collaboration Office; RI Department of Education; RI Department of Children, Youth and Families; National Child Care Information Center; United Way of Rhode Island

Funding Partners: United Way of Rhode Island; RI DHS

Administered by: Rhode Island Kids Count

Activities:

- Design, pilot and implement a Quality Rating System for early care and education and after school plus programs across Rhode Island;
- Facilitate an inclusive and diverse Steering Committee to guide the work;
- Support for 3 phases: 24 months of research and development; 12 month pilot; full implementation in fall 2008;
- Family Focus Groups to include family perspective on quality;
- Facilitated Work Group develop research based standards and criteria and frameworks to measure program achievement of standards;
- Design an assessment, monitoring and reporting system to assess programs, assign quality levels, and provide feedback to programs;
- Make recommendations for any indicated infrastructure changes (licensing, accreditation, pre-K certification systems, others) needed to implement the system;

- Explore strategic linkages between QRS standards and existing quality improvement support and training efforts in Rhode Island, identify gaps and plan for coordination; and
- Design a 1-year pilot of QRS implementation to launch in the fall of 2007 including a preliminary statewide implementation plan and a financing strategy.

Results/Outcomes:

- Consensus in RI on what constitutes program quality for ECE and AS+ programs;
- A secure foundation to assess programs and ensure that every child in Rhode Island has access to high quality programs that are held accountable with consistent standards;
- A tool to educate families about program quality and assist them in identifying high-quality programs for their children;
- Allocation of quality improvement resources that effectively help providers identify incremental quality improvement goals and implement strategies to achieve them;
- An improved, coordinates licensing and regulatory system that it is efficient and effective at ensuring and communicating compliance with regulations;
- Pre-K criteria defined and recognition of programs for 3 and 4 year olds that meet that criteria;
- Funding to support a QRS that includes effective evaluation and monitoring of programs, sufficient support for program quality improvement and incentives to encourage and reward continuous quality improvement;
- A connected QRS system of standards, evaluation, monitoring and support for program quality improvement that engages the majority of licensed programs in RI and encourages and motivates programs to continuously improve quality and advance levels.

## **PART 3**

### **CHILD CARE SERVICES OFFERED**

#### **3.1 Description of Child Care Services**

##### **3.1.1 Certificate Payment System**

**Describe** the overall child care certificate process, including, at a minimum:  
(1) a description of the form of the certificate (98.16(k));

Families found eligible for CCAP receive an approval letter specifying: their assigned worker's name and phone number; the names and birthdates of all children approved for assistance; the assigned family co-payment (if any is assessed); the amount of CC (maximum hours per week) authorized under CCAP; and the length of the current certification period. A copy of the actual child care certificate is attached to the approval letter. The certificate contains: a unique CCAP certificate number assigned to each family; the date issued; children eligible under the current certificate and their dates of birth; the term of certification and brief instructions for enrolling children in child care (See **Attachment 3.1.1.(a)**). The certification number originally issued remains constant for this family any time they use CCAP with the same applicant parent in the household.

(2) a description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), 98.2, 98.30(c)(4) & (e)(1) & (2)) and

**When a family applies for RI DHS CCAP, they are issued a uniquely identifying certification number as “pending” application. This number is issued to the family within 48 hours of application. A family with a pending or approved CCAP certificate number provides the number to a DHS CCAP Approved Provider who then uses an automated web-based enrollment system (accessed via internet or telephone) to determine that the family is participating in the CCAP, review case status, and inform DHS that the child is enrolled in care in order to establish a basis for payments.**

**Families may use the CCAP certificate number with any of the following providers that have been approved by DHS CCAP:**

**Regulated:**

- **Child Care Centers (this includes approved school age programs operated in centers or in schools);**
- **Family Child Care Homes (this includes Group Family Homes);**
- **Nursery Schools**
- **Summer camps in or affiliated with licensed CC facilities**

**Non-regulated:**

- Legal non-certified providers (this includes care provided in the child's home or in the provider's home)
  - Summer camps not affiliated with licensed CC facilities
- (See Attachment 3.1.1.(b) for definition of provider types in RI DHS CCAP)

The Certificate allows the family to purchase, as appropriate, the following child care services from any and all of the above providers:

- Infant/Toddler Care (age 1 week up to 3 years);
- Preschool Care (age 3 years to entry to 1<sup>st</sup> grade);
- School-age Care (1<sup>st</sup> grade – 12 years);
- Youth Care (13-16 years: state funded)

When families need to change providers they are able to make those arrangements with CCAP approved providers without coming back to DHS. The change is communicated to DHS via the automated enrollment system.

Both parents and providers receive timely written confirmation of all enrollment information communicated to the department.

- (3) if the Lead Agency is also providing child care services through grants and contracts, estimate the proportion of \$98.50 services available through certificates versus grants/contracts, and explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (98.30(a) & (b)) This may be expressed in terms of dollars, number of slots, or percentages of services.

**Attach** a copy of your eligibility worker's manual, policy handbook, or other printed guidelines for administering the child care subsidy program as **Attachment 3.1.1.(c)** If these materials are available on the web, the State may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

Note: Eligibility worker's manuals, policy handbooks, or other printed guidelines for administering a child care subsidy program will be used for reference purposes only. Documents provided by Lead Agencies pursuant to this section will not be uniformly or comprehensively reviewed and will not be considered part of the Plan. All information required to be part of the Plan must continue to be set forth in the Plan.

- 3.1.2 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

☐ Yes, and the following **describes** the types of child care services, the process for accessing grants or contracts, and the range of providers that

will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

☒ No.

3.1.3 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

☐ Yes, and the limits and the reasons for those limits are: (§§98.16(g)(2), 98.30(e)(1)(iv))

**Care by Legal Non-certified Providers in or out of the child's home is limited to three (3) unrelated children or six (6) children if all children are related to the provider. These limits mirror the RI DCYF licensing regulations.**

**Providers and all household members over 18 must pass Bureau of Criminal Investigation and RI DCYF Child Abuse and Neglect Tracking System background checks.**

**Providers must attend 3 hours of training relevant to child development, health and safety, or other topics related to caring for children each year.**

☐ No.

3.1.4 Are child care services provided through certificates, grants and/or contracts offered throughout the State? (658E(a), §98.16(g)(3))

☒ Yes.

☐ No, and the following are the localities (political subdivisions) and the services that are not offered:

### **3.2 Payment Rates for the Provision of Child Care**

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

These rates are provided as **Attachment 3.2A**

The attached payment rates were or will be effective as of **January 1, 2004**.

**Provide** a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:



- The month and year when the local market rate survey(s) was completed:  
**May – August , 2006 . (§98.43(b)(2))**
- A copy of the **Market Rate Survey instrument** and a **summary of the results** of the survey are provided as **Attachment 3.2B**. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings (**See Guidance for additional information.**)

**Also available at**

**[http://www.dhs.state.ri.us/dhs/famchild/childcare\\_study\\_07.pdf](http://www.dhs.state.ri.us/dhs/famchild/childcare_study_07.pdf)**

- Does the Lead Agency use its **current** Market Rate Survey (a survey completed within the allowable time period –10/1/05 -9/30/07) to set payment rates?

☐ Yes.

☒ No.

**At what percentile of the current Market Rate Survey is the State rate ceiling set?** If you do not use your current Market Rate Survey to set your rate ceilings or your percentile varies across categories of care (e.g., type of setting, region, age of children), describe and provide the range of variation in relation to your current survey. (**See Guidance for additional information.**)

**Our current rates were set in January 2004 using the 2002 Market Rate Survey and have not been adjusted since.**

**Current Full Time rates compared to 2006 Market Rate Survey results are as follows:**

**Licensed centers**

**Infant/Toddler care:** 20<sup>th</sup> percentile (Infant care)  
/32<sup>nd</sup> percentile (Toddler care)

**Preschool care:** 30<sup>th</sup> percentile

**School-age care:** 58<sup>th</sup> percentile

**Certified Family CC Homes**

**Infant/Toddler care:** 51<sup>st</sup> percentile (Infant care)  
/32<sup>nd</sup> percentile (Toddler care)

**Preschool care:** 62<sup>nd</sup> percentile

**School-age care:** 62<sup>nd</sup> percentile

- How the payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey (i.e., describe the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

**Rhode Island has a state law mandates that the Department of Labor and Training (DLT) conduct or certify a child care market rate survey of licensed and certified child care providers biennially and forward the results to RI DHS. It is intended that maximum reimbursement rates for regulated providers participating in CCAP are determined by applying the 75<sup>th</sup> percentile of the most recent market rate survey responses every two years.**

**A state budget deficit in State Fiscal Year (SFY) 2006 resulted in deferral of a rate increase based on the results of the 2004 Market Rate Survey scheduled for January 2006. The increase was initially deferred to the end of SFY 06 in July 2006. Continuing deficits resulted in a deferral from July 2006 to an increase based on the 2006 Market Rate Survey in July 2007. The budget for SFY 07 proposes no increase in rates until July 2008 when rates are scheduled to increase to the 75<sup>th</sup> percentile of the 2006 Market Rate Survey.**

**Reimbursement rates are at now less than what 50% of regulated child care providers charge private-pay families. Despite this, at the current time, 99% of licensed CC centers and 86% of all certified FCC homes continue to accept and even compete for CCAP subsidies. The Office of Child Care receives approximately 50 new provider applications – primarily Non-certified and FCC Homes - each month and approximately 30 newly approved providers attend Introductory training every six weeks. Child care capacity, especially in urban centers, is high, resulting in vacancies in many urban Child Care Centers and Family Child Care Homes and CCAP assisted families have reported little difficulty obtaining a child care slot because of rates.**

**Non-regulated providers are not included in the law requiring the market rate survey. DHS has not received complaints or concerns about the difference between rates paid to non-certified providers and certified providers. When asked directly, parents using non-certified providers felt that the rates were adequate. Non-regulated child care providers have the option to become certified in order to qualify for the higher reimbursement rates paid by DHS to licensed and certified child care providers if they feel that the non-certified reimbursement rate is insufficient. Many certified Family CC Home providers serving CCAP assisted families do so primarily to provide care for relatives and close friends.**

- Does the Lead Agency consider any additional facts to determine that its payment rates ensure equal access? (§98.43(d))

☐

Yes. If, yes, **describe.**

☒ No

**The 2007 RI Kids Count Fact Book indicates that overall capacity for infants, toddlers and preschool in regulated child care is on the rise in Rhode Island's six core urban communities where the majority of CCAP subsidized families reside. The number of child care slots per 100 children < age 6 in need of regulated care rose from 130 - 134 in those communities in 2006.**

**The Economic Impact Study of Rhode Island's Child Care Industry released in March 2003 indicated that 37% of children in regulated care in Rhode Island were supported by CCAP subsidies at that time. Using the same method for analysis in 2006, and factoring in eligibility reductions proposed in this plan, the percent of CCAP assisted children as a subgroup of all children in regulated care in the state remains high at 35%.**

- Does the State have a tiered reimbursement system (higher rates for child care centers and family child care homes that achieve one or more levels of quality beyond basic licensing requirements)?

☒ Yes. If yes, **describe:**

**RI DHS administers the RI Comprehensive CC Services Program (CCCSP). Certified networks of community child care providers (both Centers and Family CC Homes) meet standards in five priority areas (including Early Childhood Education) that exceed licensing requirements and provide Head Start-like wrap around services to very low income (125% FPL) preschoolers and their families. Though individual providers participating in the networks do not receive rates for child care services delivered to eligible families that are above the Maximum Established CCAP Rate, they benefit from an additional rate paid to the network to support higher quality ECE as well as wrap around services. Currently there are 26 Centers and 4 FCC Homes participating in four certified networks. DHS data indicates that these are the providers caring for children in families facing the most economic challenge and instability and that all regulated community providers caring for substantial numbers of very low income children are participating in networks. Individual classrooms certified to provide ECE as part of the CCCSP are required to maintain a minimum average score of 4 on Early Childhood Environmental Rating Scales (ECERS) conducted every three years by valid observers. Certified networks are paid a fee of \$90 per week per child over and above the CCAP rate paid to providers to support CCCSP priority services delivered to eligible children and families.**

☐ No.

### **3.3 Eligibility Criteria for Child Care**

#### **3.3.1 Age Eligibility**

Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

☒ Yes, and the upper age is **19**.

☐ No.

Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

☐ Yes, and the upper age is \_\_\_\_.

☒ No.

#### **3.3.2 Income Eligibility**

**Complete** columns (a) and (b) in the matrix below. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

			<b>IF APPLICABLE</b>	
<b>Family Size</b>	<b>(a) 100 % of State Median Income (SMI) (\$/month)</b>	<b>(b) 85 % of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]</b>	<b>Income Level, lower than 85 % SMI, if used to limit eligibility</b>	
			<b>(c) \$/month</b>	<b>(d) % of SMI [Divide (c) by (a), multiply by 100]</b>
1	<b>40,713</b>	<b>34,606</b>	<b>N/A</b>	<b>N/A</b>
2	<b>53,242</b>	<b>45,256</b>	<b>20,535</b>	<b>39 %</b>
3	<b>65,769</b>	<b>55,904</b>	<b>25,755</b>	<b>39 %</b>
4	<b>78,297</b>	<b>66,552</b>	<b>30,975</b>	<b>40 %</b>
5	<b>90,825</b>	<b>77,201</b>	<b>36,195</b>	<b>40 %</b>

If the Lead Agency does not use the SMI from the most current year, **indicate** the year used: **FFY 2008 (current year)**

If applicable, indicate the date on which the eligibility limits detailed in column (c) became or will become effective:

**September 2007, as part of SFY 08 budget implementation which establishes CCAP eligibility limits at 150% FPL.**

**Rhode Island defines eligibility limits according to family's gross annual income as a percent of the established FPL and adjusts the income chart annually when FPL changes.**

How does the Lead Agency define "income" for the purposes of eligibility? Describe and/or include information as **Attachment 3.3.2.** (§§98.16(g)(5), 98.20(b))

**The financial unit for determining eligibility in CCAP is defined as the dependent children, including both requesting and non-requesting children, and the parents(s) and the legal spouse(s) of the parents(s) who live in the same household. The financial unit may also include other verified related children for whom the applicant is requesting CCAP benefits. Income from all members of the financial unit is counted.**

**The definitions of financial unit, countable income and excluded income, as specified in the RI DHS Code of Rhode Island Rules can be found in Attachment 3.3.2.**

- Is any income deducted or excluded from total family income (for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments)?

☒ Yes. If yes, **describe** what type of income is deducted or excluded from total family income.

**See Attachment 3.3.2 for list of excluded income**

☐ No.

- Is the income of all family members included?

☒ Yes.

☐ No. If no, **describe** whose income is excluded for purposes of eligibility determination.

### 3.3.3 Eligibility Based Upon Receiving or Needing to Receive Protective Services

Does the State choose to provide child care to children in protective services, as defined in Appendix 2? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

☐ Yes.

☒ No. *not with CCDF funds*

Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☐ Yes.

☐ No.

☒ Not applicable. CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.

Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

☐ Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)

☒ No. *not with CCDF funds*

### 3.3.4 Additional Eligibility Conditions

Has the Lead Agency established additional eligibility conditions? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

☒ Yes, and the additional eligibility conditions are: (Terms must be defined in Appendix 2)

**RI DHS has established Short Term Special Approval Child Care (SSACC) for families in CCAP which allows for short periods of eligibility or continuing eligibility under certain circumstances for families who cannot meet the established requirements for approved activity or employment. (See Appendix 2).**

**RI DHS CCAP identifies children of teen parents as a special population in need of care. Teen parents participating in an Adolescent Self Sufficiency Collaborative (ASSC) have a categorical eligibility for CC assistance as a**

**supportive service to complete their high school education whether or not they are participants in the FIP/TANF Program. (See Appendix 2).**

☐ No.

### **3.4 Priorities for Serving Children and Families**

3.4.1 Complete the table below regarding eligibility conditions and priority rules. For columns (a) through (d), check box if reply is “Yes”. Leave blank if “No”. Complete column (e) if you check column (d).

Eligibility Category	(a) Guarantee subsidy eligibility	(b) Give priority over other CCDF- eligible families	(c) Same priority as other CCDF- eligible families	(d) Is there a time limit on guarantee or priority?	(e) How long is time limit?
Children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Children in families with very low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families <u>receiving</u> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families transitioning from TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families at risk of becoming dependent on TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

3.4.2 **Describe** how the State prioritizes service for the following CCDF-eligible children: (a) children with special needs and (b) children in families with very low incomes. Terms must be defined in Appendix 2. (658E(c)(3)(B))

**The R. I. Family Independence Act, as amended, states that the Department shall provide appropriate child care to every parent who requires child care in order to meet the FIP work requirements and to all other families with incomes at or below one hundred and fifty (150%) of the Federal Poverty Level (FPL), if they are otherwise eligible, with no time limits. All families in this income range, whether receiving cash assistance and participating in approved activities or low income and employed, are eligible.**

- 3.4.3 **Describe** how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

**In accordance with the Family Independence Act and Starting Right, child care assistance has become an entitlement for the Rhode Island's very low income families. Cash recipients of the Family Independence Program (FIP) participating in approved component activities of their Family Independence Plans as well as employed low-income non-FIP families continue to qualify for subsidized child care until their countable income exceeds one hundred and fifty (150%) of the Federal Poverty Level (FPL). Rhode Island's DHS Child Care Assistance Program (RI DHS CCAP) is still available to at-risk families and those families transitioning from cash assistance as it was prior to the enactment of Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), P.L.104-193.**

- 3.4.4 Has the Lead Agency established additional priority rules that are not reflected in the table completed for Section 3.4.1? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

☐ Yes, and the additional priority rules are: (Terms must be defined in Appendix 2)

☒ No.

- 3.4.5 Does the Lead Agency serve all eligible families that apply?

☒ Yes.

☐ No.

- 3.4.6 Does the Lead Agency maintain a waiting list?



- ☐ Yes. If yes, for what populations? Is the waiting list maintained at the State level? Are certain populations given priority for services, and if so, which populations? What methods are employed to keep the list current?
- ☒ No.

### **3.5 Sliding Fee Scale for Child Care Services**

- 3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works is provided as **Attachment 3.5.1**.

The attached fee scale was or will be effective as of **September 2007**.

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

- ☐ Yes, and the following **describes** any additional factors that will be used:
- ☒ No.

- 3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))

- ☒ Yes.
- ☐ No, and other scale(s) and their effective date(s) are provided as **Attachment 3.5.2**.

- 3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: **\$17,170**.

The Lead Agency must **select ONE** of these options:

- ☒ ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.
- ☐ ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

- ☐ SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The following describes these families:

3.5.4 Does the State allow providers to charge parents the difference between the maximum reimbursement rate and their private pay rate?

☐ Yes.

☒ No.

3.5.5 The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) were determined to be affordable: (§98.43(b)(3))

**The RI DHS CCAP calculates co-payments for families according to income level and family size. At each of three established levels, a certain percent of gross family income is assigned. Percent of income at Level 2 (150% FPL) is assigned as 4% of gross family income. This is the highest percent of income charged to any family and is considerably less than the 10% that is generally recommended as an acceptable affordability test.**

**The percent of income assigned at each level is applied against the total family income assessed in determining eligibility for each family. If family income or family size changes, co-payment is reassessed. No other factors impact the assigned percent of family income so the family pays the assigned amount regardless of age of children, cost of care, time used or number of children enrolled.**

## **PART 4**

### **PARENTAL RIGHTS AND RESPONSIBILITIES**

#### **4.1 Application Process / Parental Choice**

4.1.1 **Describe** the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). At minimum, the description should include:

- How parents are informed of the availability of child care services and about child care options
- Where/how applications are made
- What documentation parents must provide
- How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4
- Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs
- Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies

#### **Availability & Options**

**Families are informed of the availability of child care assistance through a variety of sources including:**

- **Contact with DHS field staff**
- **Information in DHS offices: Posters and fliers displayed and distributed through DHS offices inform parents about the CCAP and give examples of eligibility limits and requirements.**
- **The RI DHS web site;**
- **Community based organizations;**
- **Employment programs;**
- **RI DHS CCAP Approved Providers; or**
- **Options for Working Parents, RI's CC resource and referral program.**

**DHS staff and the pending letter sent to each family within one week of application for CCAP inform parents that they are able to use any category of DHS CCAP Approved Provider to care for their child(ren) and refer them to Options for Working Parents for specific information on regulated providers in their area of choice. Options provides families with information on how to identify and choose a quality provider and identifies contact information for a set of regulated providers meeting criteria established by the family.**

#### **Application & Eligibility**

**The application for the Child Care Assistance Program (CCAP) for income eligible families consists of the CCAP-1 application and the documentation necessary to verify eligibility and establish the need for services, and/or the most**

**current information available on the applicant from other DHS program sources. Specific information about the appropriate forms and sources of verification required are contained in the CCAP -1 application packet and made available, upon request, by contacting any DHS office.**

**Non-FIP (Income Eligible) families making application to the CCAP may mail or bring a signed application with attached verifications to a centralized, state-wide Child Care Assistance Unit (CCAU) located in the DHS Family Resource Center in Providence. DHS CCAU workers determine eligibility and authorize assistance based on the family's income and documented need for services. A maximum of six (6) months of CC assistance is approved for income eligible working families.**

**Documentation for CCAP-1 Application**

**Residence:** rent receipt, utility bill, mortgage bill or other shelter expense documentation

**Identity /citizenship:** copies of birth certificates or proof of INS immigration status for all children requesting CC assistance. Same children must provide proof of a valid SSN or verification that an application for an SSN has been submitted. Same children who are not US citizens must also submit proof of immigration status.

**Identification of absent parents** for purposes of child support enforcement

**Income & Need for CC services:** Income/hours of work/work schedule: copies of pay stubs for most recent four weeks of work and a statement from employer regarding usual days and hours of work. For new employment an employer's letter indicating first day of work, hourly/weekly wages, times/days of work and total hours of work per week. If there are two working parents this is needed for BOTH parents.

**For self-employment:** verification of business income and expenses: Federal Tax Forms including Profit and Loss Statement if less than 3 months old or itemized receipts or a Profit and Loss Statement from an accountant for most recent 3 months

**For self-employment as a childcare provider:** verification of business income and expenses: a standard per child deduction is allowable as an alternative to documentation of allowable business expenses. This is to establish gross family income only – CC assistance is not granted for any hours a person works for himself or herself as CC provider however CC assistance may be granted for hours worked at another job.

**Unearned income:** Copies of award letters or checks from unemployment benefits, worker's compensation, TDI, SSI, RSDI, Veteran's benefits, etc. Proof of child support awards and/or payments (we count only child support that is actually

received by the applicant). Interest/dividend statements. Proof of gross rental or room and board income received.

**Value of liquid resources:** Bank statements, etc for each resource listed

If **disability of parent or child** is relevant to determination, DHS has a form that needs to be filled out and signed by a physician.

If a **teen parent** getting CC assistance to complete HS: proof of participation in an Adolescent Self Sufficiency Collaborative (ASSC) (letter from ASSC)

### **Reducing Barriers**

**In Rhode Island, the entitlement to CCAP established under Starting Right prevents eligible families from losing access to CC assistance due to funding restrictions or waiting lists.**

**RI DHS allows families to apply for CCAP and to apply for continuing certification by mail so that parents do not need to miss work to arrange for CC assistance.**

**RI DHS has procedures in place that support seamless transitions for families in CCAP when they move off of or back into the cash assistance program (FIP).**

**In January 2004, RI DHS implemented an improved automated recertification process. Individualized recertification forms are generated by the DHS INRHODES system and automatically mailed to working families seven (7) weeks prior to the end of their current eligibility period. Families update the information necessary to determine ongoing eligibility and attach current wage verifications and verification of any new information or relevant changes then return the form to DHS at least two weeks prior to their current eligibility end date. Three weeks prior to the current end date, a reminder letter is mailed to all families who have not yet returned their recertification forms. Families who return the recertification form on time are granted up to 6 weeks of continuing approval to allow DHS staff to process their continuing eligibility without a break in assistance. This streamlined process has expedited recertification determinations for families and reduced gaps in CC assistance and services.**

**Attach** a copy of your parent application for the child care subsidy program. If the application is available on the web, provide the appropriate Web site address [http://www.dhs.state.ri.us/dhs/famchild/ccap\\_application.pdf](http://www.dhs.state.ri.us/dhs/famchild/ccap_application.pdf)  
**Attachment 4.1.1A**

4.1.2 Is the application process different for families receiving TANF?

☒ Yes. If yes, **describe** how the process is different:  
*(only differences are noted)*

### **Availability & Options**

Families are informed of the availability of child care assistance through a variety of sources including:

- **Contact with DHS field staff:** For cash recipients in the Family Independence Program (FIP), child care as a supportive service for activities specified in an approved FIP Plan is discussed with parent(s) as part of an intake interview immediately following application. FIP families are required to attend an interview to establish and sign an approved plan – child care assistance as needed as a supportive service for approved plan activities is arranged at that time if not requested earlier. Staff inform families about the types of providers available to them through CCAP;
- **Options for Working Parents, RI's CC resource and referral program.** If FIP families have difficulty locating suitable child care, Options provides additional support to meet the family's needs.

### **Application & Eligibility**

FIP (TANF) families are considered categorically eligible for CCAP as long as their approved FIP plan establishes a need for child care services. FIP families use a signed Request for Services form submitted to their usual FIP worker at their local DHS Office to apply for CC assistance (CCA). They can request child care assistance at initial application, at the plan interview or subsequently without additional face-to-face contact. This may be done in person or by mail once an approved FIP plan is in place. DHS FIP workers determine eligibility based on established criteria and may authorize certification periods from three (3) – twelve (12) months in length. Generally six (6) – twelve (12) months are approved for working families receiving cash assistance and shorter time frames coordinated with the length of training or education activities are authorized for non-working families.

### **Documentation**

FIP(TANF) families are categorically eligible to receive CC assistance during any activities included as part of an approved FIP Plan. They are required to document work hours in the same way that non-FIP clients do (above) and must provide documentation of enrollment and actual attendance at other approved education/training activities.

All other documentation is part of the FIP application - a request for CC Assistance may be made at the same time they apply for cash assistance or later as the need arises using the CCAP/FIP S-1 Supplemental Application.

Attachment 4.1.1B

### **Exceptions**

A nonexempt parent who fails without good cause to comply with FIP plan requirements causes the amount of cash assistance paid to the family to be reduced by the parent's portion of the family's benefit. The reduction in benefits is preceded by a conciliation process. The conciliation process is the

means for a participant to prove good cause for failure or refusal to comply with her/his requirements. Good cause for refusal to participate must be a verifiable short-term circumstance or an on-going reason for the individual turning down a specific assignment or job offer. Circumstances leading to determinations of good cause for failure to participate are usually short-term in duration and result from events beyond the participant's control. Two of the acceptable reasons which, when substantiated, constitute good cause for failure or refusal to comply with her/his employment plan are 1) that child care is necessary for the parent to participate in employment plan activity and the agency representative determines that such child care is unavailable, or 2) that a breakdown in transportation arrangements has occurred with no readily accessible means of transportation.

#### **Reducing Barriers**

The automated recertification process is utilized for FIP working families but not for FIP families who do not have work as one of their approved Plan activities. In those cases where the parent is participating in approved activities that do not include work, CCA ends automatically when the activity ends and a new activity must be approved as part of the plan before CCA is re-established.

☐ No.

- 4.1.3 The following is a detailed description of how the State ensures parental choice by making sure that parents are informed about their ability to choose from among family and group home care, center-based care and in-home care including faith-based providers in each of these categories.

**RI DHS CCAP is a voucher only program. Within forty eight (48) hours of DHS receipt of a CCAP application, the family is issued a pending certificate number and informed of their right and responsibility to choose any type of provider and the specific provider that best meets their family needs and values. DHS staff working with applicant families can check the Central Provider Directory to determine if an individual or program being considered by the family is approved to accept payments from CCAP. Information on provider types is included with all new applications. Forms to request provider approval applications are given to applicant families who are considering a provider of any type not already approved in CCAP.**

**All materials and communication distributed to families emphasize the primacy of parent choice in enrolling their child with a provider. All families are referred to Options for Working Parents to obtain information on regulated providers that accept CCAP. Options also distributes information on the characteristics of different provider types and on choosing good quality care for children.**

**Faith based providers of all types are included in the Central Provider Directory and the Options referral data base.**

**When families want to change providers they are able to make those arrangements with CCAP approved providers without coming back to DHS. The change is communicated to DHS via the automated enrollment system.**

- 4.1.4 Does the State conduct activities aimed at families with limited English proficiency to promote access to child care subsidies and reduce barriers to receiving subsidies and accessing child care services?

☒ Yes. If yes, **describe** these activities, including how the State overcomes language barriers with families and providers.

**DHS has Spanish and Cambodian interpreters as well as access to interpreters in other languages are available in DHS field offices and also in the Office of Child Care. Parent applicants are informed (in English, Spanish Portuguese, Russian, Laotian and Cambodian) that they can access an interpreter to help them fill out applications or communicate with the department. Information regarding CCAP application and eligibility is available to families in English and Spanish. The CCAP-1 application is being translated into Spanish. Notices regarding status of a CCAP application are sent in Spanish or Portuguese if that is the identified language of the family. General notices about changes in the program are translated into Spanish, Portuguese, Russian, Laotian and Cambodian.**

**The Office of Child care supports a thriving Spanish speaking population of approved FCC Home providers and encourages centers to employ staff who speak languages of children enrolled in care. All CCAP Approved Provider materials as well as the enrollment web site are available in English and Spanish. Spanish translation is regularly offered for CCAP Approved Provider Introductory Training. The Office of Child Care includes a full time Spanish-speaking staff person to provide interpreting services, translation, and community outreach. The OCC shares a Cambodian-speaking staff person who provides interpretation and community outreach to the Southeast Asian community.**

**Bi-lingual parents from the Latino community and from the Southeast Asian community participate regularly on the CCAP Families Advisory Group which meets with the Child Care Administrator every other month, five times per year.**

☐ No.



## **4.2 Records of Parental Complaints**

The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

**Any oral or written expression of dissatisfaction made to staff workers either in the field or office; to administration personnel; or department officials by an applicant/recipient or his/her authorized representative questioning the administration of agency policies and programs with respect to the treatment and/or eligibility of said claimant to receive CC assistance or CC services delivered to an eligible family by an RI DHS Approved Provider is considered a complaint.**

**Complaints received from an applicant/recipient or his/her designated representative, either in the field or at Central Office, are referred to the appropriate supervisor for follow-up.**

**If the complaint involves the treatment of the applicant/recipient or a question of eligibility or need:**

- **The complaint is referred to the appropriate agency representative;**
- **The agency representative has the responsibility to contact the individual to discuss with him/her the details of the complaint.**

**If the complaint relates to CC services delivered by a DHS CCAP Approved Provider:**

- **The complaint is referred to the Office of Child Care;**
- **Office of Child Care staff then contacts the individual and the provider in order to discuss the complaint;**
- **When the complaint refers to conditions regulated by child care licensing the Office of Child Care both refers the parent to the RI DCYF CC Licensing Unit and also communicates the complaint to the Licensing Unit for investigation. The RI DCYF Licensing Unit maintains information regarding all complaints received regarding potential regulatory violations, actions undertaken to investigate such complaints, and the resolution of any violations discovered. Information regarding founded complaints or violations is available to the public form DCYF on request.**
- **When an agency representative cannot resolve the issue, the claimant is informed of his/her right to: discuss the issue with the assigned supervisor; have an adjustment conference; and/or request a hearing.**

**If further information/documentation is required concerning the situation from alternate sources, the claimant may obtain the necessary information or may request the agency representative to obtain this information.**

**The Department's hearing decisions rendered on and after April 1, 1987, are available for examination at the Hearing Office, Louis Pasteur Bldg. #57, Howard Avenue, Cranston, Rhode Island, between the hours of 9:00 A.M. to 11:00 A.M.**

**and 1:00 P.M. to 3:00 P.M., Monday through Friday. An index of decisions is available to facilitate this examination.**

#### **4.3 Unlimited Access to Children in Child Care Settings**

The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

**Regulations governing licensed CC centers and certified FCC homes mandates unlimited access by parents to children in care at all times without limitation. In addition, RI DHS CCAP Provider Agreements also include such language. Providers are informed of this requirement in writing and as part of the CCAP Approved Provider Introductory Training. Parents participating in CCAP are informed that it is within their rights to see their child anytime the child is in child care.**

#### **4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care**

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: **Rhode Island Department of Human Services.**

- **"appropriate child care": Is defined as care which meets the standards for providers as specified in Section 0850.03 (Parts A – C) of the DHS Code of Rhode Island Rules. (See Attachment 4.4)**
- **"reasonable distance": Is treated in the context of transportation under good cause in the conciliation process.**
- **"unsuitability of informal child care": Is defined as care which does not meet the standards for providers as specified in Section 0850.03 (Parts A – C) of the DHS Code of Rhode Island Rules. (See Attachment 4.4)**

- "affordable child care arrangements": **FIP recipients pay no co-payment to RI DHS CCAP Approved Providers and those providers are prohibited from charging more than the established CCAP rate for CC services delivered to CCAP eligible families.**

## **PART 5**

### **ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE**

#### **5.1 Quality Earmarks and Set-Asides**

- 5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; describes the expected results of the activities and, if the activities have been ongoing, the actual results of the activities. **For the infant and toddler earmark, the State must note in its description of the activities what is the maximum age of a child who may be served with such earmarked funds (not to exceed 36 months).**

Infants and toddlers:

**Rhode Island defines Infants and Toddlers as children under 3 years of age and supports the following quality improvement activities to promote capacity and quality in ECE for those children:**

**The RI Child Care Facilities Fund** – a multi-year public private partnership described in Section 2.3 administered by the RI LISC.

**Activities:** Free technical assistance around facilities expansion and creating quality space; free technical assistance around construction and renovation management and loan management; very low interest loans for expansion and renovation of child care space for child care centers; grants to family child care providers for renovation and enhancement of space and for learning materials.

**Expected Results:** Priority is given to projects specifically expanding infant and toddler capacity and improving infant and toddler spaces, especially in under-served communities. The intended results are more high quality slots for infants and toddlers in programs serving CCAP assisted families.

**CHILDSPAN, RI's Child Development and Education Training System** – a multi-year professional development contract awarded through a competitive bid process to Children's Friend and Service.

**Infant Toddler Activities:**

***Infant-Toddler Action Team*** - engages community input on expanding and improving professional development opportunities for practitioners who work with infants and toddlers.

***Infant-Toddler Academy*** – A twelve (12) week training program consisting of thirty (30) hours of instruction and eight (8) hours of practical classroom application conducted at least annually. The Academy utilizes a nationally recognized infant-toddler caregiver-training curriculum and was conceived

and developed by the Infant –Toddler Action team with input from a variety of early care and education professionals.

*Child Development Associate (CDA) training and scholarships* for child care providers to become certified as Infant-Toddler caregivers.

**Expected Results:** An expansion of professional development activities specifically designed for practitioners who work with infants and toddlers – the expansion is evident by both more activities and by activities of greater depth addressing higher levels of professional expertise; increased competence and skills for individuals working with infants and toddlers in all types of care settings throughout the state; and greater retention of staff working with infants and toddlers due to the increased job satisfaction that comes from increased competence.

**The Child Care Support Network (CCSN)** – a collaboration with RI DOH resulting in a multi-year quality improvement contract currently being competed through a competitive bid process.

**Activities:** On-site technical assistance to center based programs and family child care (FCC) homes serving children birth – three (3) specifically with an emphasis on increasing the quality of infant-toddler settings, health and safety, developmental screening, integration of children with special needs, strengthening reciprocal relationship with families and enhancing the social and emotional well being of children in care. As a measure of impact and a guide to improving quality, project staff assesses each classroom or FCC home with the appropriate Early Childhood Rating Scale as they enter and exit CCSN's program.

**Expected Results:** A better understanding on the part of Infant toddler practitioners about what constitutes quality for the youngest children in care leading to improved practice in programs serving infants and toddlers.

Resource and referral services:

**Options for Working Parents** – an annual sole source contract described in administered by Options for Working Parents.

**Activities:** Helps parents locate licensed and certified child care that meets their needs; educates families in making child care choices based on quality and shared values without making recommendations about specific child care providers; offers all family and provider services in both English and Spanish; maintains an internet web-site with information on child care for families, CC providers, and businesses; maintains pertinent data on licensed and certified child care providers and on child care supply and demand throughout the state and makes this data available to state agencies and to RI Kids Count; engages businesses in supporting high quality care for working families; and initiates and supports efforts to increase public awareness about the importance of high quality early care and education and out of school time programs for children and families.

**Expected Results:** Families educated to make the best child care choices for their children; access to information about regulated child care providers and available openings for all families, especially families participating in RI DHS CCAP; support for CC providers seeking to fill vacancies; access to information about child care capacity and services in Rhode Island; increased interest, knowledge and participation in child care by businesses and business organizations in RI; and increased public awareness about the importance of high quality early care and education and out of school time programs for children and families

School-age child care:

**CHILDSPAN, RI's Child Development and Education Training System** – a multi-year quality improvement contract awarded through a competitive bid process to Children's Friend and Service.

**School- Age Activities:**

*School- Age Action Team (in collaboration with the RI School Age Child Care Coalition and the RI After School Plus Alliance):* engages community input on improving quality in after school plus programs and on expanding and improving professional development opportunities for practitioners who work with school -age children.

*School-Age Specialist* – a staff person dedicated to advance project goals related to professional development for practitioners working with school-age children and to support collaborations between CHILDSPAN and other projects focusing on quality of school-age care.

*Annual School-Age Professional Development Conference*

**Expected Results:** increased collaboration and coordination of professional development activities for practitioners who work with school-age children; an expansion of professional development activities specifically designed for practitioners who work with school-age children; increased competence and skills for individuals working with school-age children in out-of-school time programs throughout the state; and greater retention of staff working with school-age children due to the increased job satisfaction that comes from increased competence.

**An interagency agreement with the RI Department of Children, Youth and Families (RI DCYF) to support the Child Care Licensing Unit** which provides additional licensing staff and improved technology.

**Activities:** technical assistance for school-age programs in centers and schools pursuing a school-age license (a RI DCYF license is required for school-age programs to participate in RI DHS CCAP); licensing staff participation on committees and action teams promoting increased quality and capacity of school age programs.

**Expected Results:** Expansion of licensed school-age capacity particularly in communities where the majority of CCAP assisted families reside; continued quality improvements in school-age program across the state; and increased

**state agency collaboration in addressing the needs of programs serving school-age children.**

- 5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds) during the 1-year period: October 1, 2007 through September 30, 2008:

**\$ 3,522,655 (8.6%)**

*total amount includes earmarks, percentage excludes earmarks*

STATE PLAN FOR CCDF SERVICES  
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5.1.3 **Check** each activity the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

Activity	Check if undertaking/will undertake	Name and type of entity providing Activity	Check if this entity is a non-governmental entity?
Comprehensive consumer education	<input checked="" type="checkbox"/>	<b>Options for Working Parents</b> <b>DHS Office of Child Care</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Grants or loans to providers to assist in meeting State and local standards	<input checked="" type="checkbox"/>	<b>RI CC Facilities Funds at RI Local Initiatives Support Corporation</b>	<input checked="" type="checkbox"/>
Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	<b>RI Department of Children, Youth and Families</b> <b>The Comprehensive CC Services Program through ACS</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	<b>CHILDSPAN at Children's Friend and Service</b> <b>RI Early Learning Standards Professional Development Series at Children's Friend and Service</b> <b>The Child Development Specialist Certificate Program at</b>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>



STATE PLAN FOR CCDF SERVICES  
FOR THE PERIOD 10/1/07 – 9/30/09

		<b>Community College of RI</b>  <b>Child Care Support Network at RI DOH</b>  <b>The Comprehensive CC Services Program through ACS</b>	<input type="checkbox"/> *  <input checked="" type="checkbox"/>
Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	<b>The Child Development Specialist Certificate Program at Community College of RI</b>  <b>The Quality Rating System Partnership at RI Kids Count</b>	<input type="checkbox"/>  <input checked="" type="checkbox"/> *
Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>	<b>RI Early Learning Standards Professional Development Series at Children's Friend and Service</b>  <b>The Quality Rating System Partnership at RI Kids Count</b>  <b>RI Early Learning Standards School Readiness Initiative at RIDE</b>	<input checked="" type="checkbox"/>  <input checked="" type="checkbox"/> *  <input type="checkbox"/>
Activities to promote inclusive child care	<input checked="" type="checkbox"/>	<b>Child Care Support Network at RI DOH</b>	<input type="checkbox"/> *

STATE PLAN FOR CCDF SERVICES  
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Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children		The Comprehensive CC Services Program at DHS certified CCCSP Networks	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	Child Care Support Network at RI DOH	<input type="checkbox"/> *
Activities that increase parental choice		<b>Options for Working Parents</b>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<b>DHS Office of Child Care</b> <b>The Quality Rating System Partnership at RI Kids Count</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> *
Other activities that improve the quality of child care (describe below).		<b>The Quality Rating System Partnership at RI Kids Count</b>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<b>RI CC Facilities Funds at RI Local Initiatives Support Corporation</b>	<input checked="" type="checkbox"/>
Other activities that improve the availability of child care (describe below).		<b>Options for Working Parents</b>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<b>RI CC Facilities Funds at RI Local Initiatives Support Corporation</b>	<input checked="" type="checkbox"/>
(§98.51(a)(1) and (2))			

\* these entities may also contract some or all of the activities supported by DHS out to another agency or agencies

- 5.1.4 For each activity checked, **describe** the expected results of the activity. If you have conducted an evaluation of this activity, **describe the results**. If you have not conducted an evaluation, **describe** how you will evaluate the activities.

1. Project name and administering entity

**Options for Working Parents**

*A non-governmental, non-profit community based resource and referral agency*

Quality activities

**COMPREHENSIVE CONSUMER EDUCATION**

**INCREASE PARENTAL CHOICE**

**IMPROVE AVAILABILITY OF CARE**

- Helps parents locate licensed and certified child care that meets their needs
- Educates families in making child care choices based on quality and shared values without making recommendations about specific child care providers
- Offers all family and provider services in both English and Spanish
- Maintains an internet web-site with information on child care for families, CC providers, and businesses
- Maintains pertinent data on licensed and certified child care providers and on child care supply and demand throughout the state and makes this data available to state agencies and to RI Kids Count
- Engages businesses in supporting high quality care for working families
- Initiates and supports efforts to increase public awareness about the importance of high quality early care and education and out of school time programs for children and families

Expected results

- Families are educated to make the best child care choices for their children
- Access to information about regulated child care providers and available openings for all families, especially families participating in RI DHS CCAP
- Support for CC providers seeking to fill vacancies
- Access to information about child care capacity and services in Rhode Island
- Increased interest, knowledge and participation in child care by businesses and business organizations in RI
- Increased public awareness about the importance of high quality early care and education and out of school time programs for children and families

Evaluation of outcomes

Provider and parent satisfaction surveys periodically conducted

No formal evaluation conducted

*Quarterly reports track:*

- Parent outreach and education activities
- Calls and responses to parents and providers

- Data on hits to the web-site and web-searches for providers
- Specialized CC searches for FIP families
- Data on child care capacity
- Activities related to linking with business community
- Activities related to public awareness

## 2. Project name and administering entity

### **DHS Office of Child Care and DHS Field offices**

*State CC/TANF Agency*

#### Quality activities

#### **COMPREHENSIVE CONSUMER EDUCATION**

##### **INCREASE PARENTAL CHOICE**

- Produces written materials, information available on the internet and an informative video and booklet in English and Spanish for families about choosing quality child care and appropriately accessing and maintaining child care assistance
- Communicates regularly with applicant families about parental choice of child care providers
- Processes and maintains timely approvals and expedites CCAP payments for providers of all types

#### Expected results

- Families are better informed about the importance of quality care for children's optimal development and have access to information about RI DHS CCAP and the availability of regulated child care to meet their needs
- Through access and information, families are able to make the best child care choices for their children at each stage of development
- RI DHS CCAP participants have increased understanding about eligibility requirements, the processes of application, enrollment with CCAP
- Approved Providers and recertification and are better able to manage their continuing participation in the program

#### Evaluation of outcomes

A report examining the impact of policy and administrative changes on the child care choices of families using subsidies by Ann Dryden Witte, Ph.D, and Magaly Queralt, Ph.D.:

*An Examination of Child Care Choices of Low-Income Families Receiving Child Care Subsidies* (February 2004) available at [dhs.ri.gov](http://dhs.ri.gov) under 'Research and Evaluation'

Solicit feedback from parents and approved providers participating in CCAP

## 3. Project name and administering entity

### **RI Child Care Facilities Fund (CCFF) at RI Local Initiative Support Corporation (LISC)**

*A public-private partnership administered by non-governmental, non-profit community based intermediary*

#### Quality activities

#### **GRANTS OR LOANS TO PROVIDERS TO ASSIST IN MEETING STANDARDS**

#### **IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE**

- Technical assistance for facility enhancement and loan management to all child care providers
- Very low interest loans for building, expanding, and improving child care facilities to child care centers
- Grants for materials and child care related home improvements to family child care homes
- Training and technical assistance to providers on designing and enhancing child care facilities and indoor and outdoor environments
- Training for architects and construction industry professionals on the unique needs and challenges of building, enhancing and expanding child care facilities.
- Creation of resource materials that support high quality learning environments in CC centers, FCC Homes and SA programs

#### Expected results

- Increased child care capacity especially in underserved communities and particularly for DHS CCAP assisted families
- Increased infant/toddler capacity
- Improved, high quality indoor and outdoor environments for children, families & staff
- Access to technical expertise of banking, lending and construction industries to child care providers
- Improved understanding of needs of child care industry by professionals in banking, lending, and construction.
- CC provider “Tool Kits” to assist providers in planning to renovate, construct or improve their indoor and outdoor facilities.

#### Evaluation of outcomes

No formal evaluation has been conducted

#### *Quarterly reports track:*

- Number and type of programs and new child care slots created
- Number of programs and existing child care slots improved
- Amount of funds dispersed for specific purposes
- Training activities and number of participants
- Technical assistance contacts
- Materials created and distributed

The RI CCFF has created a Child Care Physical Environment Checklist to help center-based early childhood programs assess the quality of their physical environments and identify priorities for improvement. Project staff are revising the checklist to assess environments before and after participation in CCFF activities or assistance to evaluate the effectiveness of these activities.

#### 4. Project name and administering entity

**RI DCYF Child Care Licensing Unit**

*State Child Protection Agency*

Quality activities

**MONITORING COMPLIANCE WITH LICENSING AND REGULATORY REQUIREMENTS**

- Training in child development and regulatory practice for CC Licensing Unit staff
- Review and revision of licensing regulations for each provider type – promulgation and communication of new regulations
- Data systems planning and improvement
- Support for staff in the Licensing Unit that are fluent in English and Spanish
- Participation in Successful Start inter-agency coordination activities
- Actions to advance a plan to promote recommended practice in all aspects of CC licensing

Expected results

- CC Licensing staff are well trained and able to consistently monitor existing programs, assist new applicants in becoming licensed, and respond to complaints regarding potential regulatory violations
- Regulations and regulatory procedures are updated to reflect current knowledge of recommended practice in child care settings of all types
- Overall compliance with all aspects of RI CC regulations increases in all programs
- Aggregate data on compliance with licensing standards is more readily available
- The capacity of the DCYF CC Licensing Unit to deal with Spanish speaking providers in their own language is maintained
- Coordination and communication among state agencies involved in child care and the QRS Partnership is supported and advanced

Evaluation of outcomes

No formal evaluation conducted

*Regular inter-agency reports track:*

- Data on regulated provider status changes (monthly)
- Licensing violations, complaints and actions (as these occur)
- Staff training activities (quarterly)
- Planning and progress regarding revision of regulations (quarterly)
- Progress on a plan to advance Recommended Practice in CC Licensing (quarterly)

5. Project name and administering entity

**The Comprehensive Child Care Services Program through Allied Computer Services, Inc. (ACS)**

*Other: State CC/TANF agency procures monitoring and technical assistance services for the CCCSP from a non-governmental business product outsourcing/information technology contractor*

Quality activities

**MONITORING COMPLIANCE WITH LICENSING AND REGULATORY REQUIREMENTS**

**PROFESSIONAL DEVELOPMENT INCLUDING TRAINING, EDUCATION, AND TECHNICAL ASSISTANCE**

- Oversight for ongoing compliance with established CCCSP Standards by certified networks and network partners

- Data collection and analysis
- Evaluation and certification of proposed new partners or new networks
- Periodic evaluation and re-certification of existing networks
- Regularly scheduled facilitated meetings for network staff responsible for specific priority areas (Administration and Community Linkages: Network Managers; Health and Safety: Health Managers; Social Services and family Empowerment: Family Advocates; Early Education: Education Coordinators; Mental Health: Mental Health Consultants; Nutrition: Nutrition Consultants)
- On-site technical assistance in priority areas identified as goals for each network;
- Training in curriculum, assessment and other aspects of early education for classroom staff in network programs;
- Training in health consultation for Health Managers;
- Training in finance and other administrative functions for network managers and Network Policy Council members
- Training in the use of program assessment tools such as the Environmental Rating Scales
- Information forums with representatives of state agencies and community based organizations offering services and supports for low income families with young children

#### Expected results

- Networks and programs participating in the RI CCCSP maintain compliance to the high standards for comprehensive services for children and families established in the CCCSP
- Aggregate data about positive outcomes for children and families participating in the CCCSP is gathered and maintained
- Continuous quality improvement in all aspects of services defined in Certification Standards for Comprehensive Child Care Services Networks is achieved.

#### Evaluation of outcomes

No formal evaluation conducted

The CCCSP Program Manager maintains re-certification reports and compliance information on each certified Network.

*Each certified network submits quarterly reports documenting:*

- Eligible children enrolled
- Specific assessments conducted in required time frames
- Required services delivered
- Required activities completed
- Progress on Continuous Quality Improvement goals related to findings in the re-certification reports and annual self evaluation
- Positive outcomes achieved for participating children and families

#### 6. Project name and administering entity

**The Comprehensive Child Care Services Program (CCCSP) at DHS certified CCCSP Networks**

*Networks are formed and administered by non-governmental, non-profit community based agencies (currently four: P/C Kids Network - Comprehensive Community Action Program; BayNet – Westbay Community Action Program; Comprehensive Child Care Services of RI – Kids Klub, Inc.; and The Children’s Network- Meeting Street School)*

Quality activities

**PROFESSIONAL DEVELOPMENT INCLUDING TRAINING, EDUCATION, AND TECHNICAL ASSISTANCE**

**ACTIVITIES TO PROMOTE INCLUSIVE CHILD CARE**

**ACTIVITIES IN SUPPORT OF EARLY LANGUAGE , LITERACY, PRE-READING, AND EARLY MATH CONCEPTS DEVELOPMENT**

**ACTIVITIES TO IMPROVE THE QUALITY OF CHILD CARE**

**HEALTH ACTIVITIES INCLUDING THOSE DESIGNED TO PROMOTE THE SOCIAL AND EMOTIONAL DEVELOPMENT OF CHILDREN**

Activities that make comprehensive wrap around services (Early Childhood Education, Health, Mental Health and Support for Children with Special Needs; Nutrition; and Family Education and Empowerment) available to preschoolers enrolled in community CC settings and their families

The CCCSP pays enhanced rates to networks certified to deliver a full range of supportive services to eligible children and their families enrolled in regulated center based and family child care programs that are part of the network. These services are available to children who participate in the CCAP and also to families who may not be eligible for the CCAP because the parents are not engaged in approved activity requiring child care assistance. CCCSP ensures quality services in the following priority areas: children’s health and program safety; early childhood education; children’s mental health and support for children with disabilities; children’s nutrition; family education and empowerment; and community linkages and partnerships. The enhanced funding for these services is supported by CCDF quality funds. Eligibility for CCCSP services is limited to children between three (3) years of age and entry into Kindergarten in families with income at or below 108% FPL.

Expected results

The purposes of the program are: to expand access to comprehensive services, similar to Head Start services, to low income three (3) and four (4) year old children and their families not served by Head Start in community child care settings; and to increase resources to child care providers serving low income preschoolers to enable the continuous improvement of quality and the development of comprehensive services that support family strengths and children’s readiness for Kindergarten.

Children participating in the CCCSP will:

- Have a stable medical home, access to health insurance and be up-to date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health;



- Have timely access to diagnostic, treatment and remediation services when any health or developmental problem is observed or detected through regular participation in screening activities;
- Participate in a high quality early education experience that supports all aspects of school readiness;
- Participate in an inclusive preschool program that supports optimal social and emotional development;
- Be supported in a positive transition to Kindergarten; and
- Have access to healthy nutrition at the program and at home.

Families participating in the CCCSP will:

- Be satisfied with the services provided;
- Be actively involved in their child's early education program;
- Have access to a the full range of resources and programs available in their community for child and family support;
- Have access to a range of opportunities to enhance their parenting skills, knowledge and understanding of the developmental and educational needs of their children;
- Be supported in identifying and achieving goals for their family; and
- Be empowered to participate in their child's early care and education program in meaningful ways including involvement in learning activities and taking part in program governance.

Programs participating in the CCCSP will:

- Engage in continuous quality improvement to reach the goal of best practice in all priority areas;
- Provide outreach to enroll un-served eligible children in these expanded services; and
- Have access to specialized training and technical assistance that support the delivery of a full range of high quality comprehensive services for participating children and families.

#### Evaluation of outcomes

No formal evaluation conducted

At least every three years each Network undergoes a comprehensive evaluation by a multi-disciplinary team convened by the DHS Office of CC in all program areas to assess compliance with CCCSP Certification Standards. The re-certification review includes ECCERS observations in each participating classroom, site visits to Network offices and every partner site, data and record review, and interviews with staff and parents.

*Each certified network submits quarterly reports documenting:*

- Eligible children enrolled
- Specific assessments conducted in required time frames
- Required services delivered
- Required activities completed
- Progress on Continuous Quality Improvement goals related to findings in the re-certification reports and annual self evaluation
- Positive outcomes achieved for participating children and families

7. Project name and administering entity

**CHILDSPAN at Children's Friend and Service**

*A non-governmental, non-profit community based agency*

Quality activities

**PROFESSIONAL DEVELOPMENT INCLUDING TRAINING, EDUCATION, AND TECHNICAL ASSISTANCE**

- Training on many levels to early care and education, school-age and youth care practitioners working with children of all ages through *workshops, conferences, and multi-session training "academies" and interest forums*
- Professional development opportunities, materials and activities in both *English and Spanish*
- Recruitment of a *diverse workforce and leadership cadre* in early care and education and school age and youth care
- Training for *non-certified providers* approved to accept child care assistance payments
- Maintenance and circulation of an extensive *child care resource collection* including books, videos, educational toys, prop boxes, and other program resources
- *Child Development Associate (CDA) training and scholarships* to support CDA candidates through the credentialing process
- Publication of a quarterly *RI Early Childhood Newsletter* featuring timely articles on pertinent themes as well as health and safety updates in English and Spanish
- Centralized *calendar of training and professional development events* for child care providers throughout RI on an internet site
- Facilitation of community input into the professional development services it develops and offers via an *Advisory Committee and Action Teams* focused on specific activities or areas of interest and practitioners surveys
- Advancing identified components of the HOPE PD system blueprint

Expected results

- Professionals in every role in early care and education, school-age and youth care programs will increase their understanding of what constitutes quality for children in child care settings leading to improved practice in all programs and settings
- Practitioners who work with children of all ages will be given ample opportunities to participate in professional development activities that meet their diverse needs
- Practitioners will increase their knowledge and skills in every aspect of child and youth development and learning needed to support the optimal development and well being of the children they care for
- Practitioners who work with infant, toddler and preschool children will increase their knowledge and skill in providing developmentally appropriate environments and activities that promote a secure foundation for each child's rapidly developing aptitude and enthusiasm for learning (school readiness)
- Practitioners who work with school-age children and youth will increase their knowledge and skill in providing on-going support for positive youth development and school success
- Practitioners in every role will increase their knowledge and skill in meeting of the needs of children with disabilities by creating settings where special needs children are successfully integrated with typically developing peers

- Professionals in every role will increase their ability and skill to be respectful and supportive of families as children's first and most important teachers and to engage families in meaningful participation in their child's program
- Professionals in every role will increase their knowledge and skills in effective personal and program evaluation as related to setting and achieving goals leading to best practice for children and families
- Professionals in every role will increase their ability and skill to create programs that respect and celebrate the diversity of children, families and staff
- Professionals in every role will be given ample opportunities to forge meaningful connections between community settings and public school settings.

#### Evaluation of outcomes

CHILDSPAN solicits participant feedback through training evaluations at every professional development experience that it offers

Children's Friend and Service conducts an annual third party evaluation of CHILDSPAN's goals and activities

#### *Quarterly reports track:*

- Training and other professional development events including number of participants
- Results of surveys and Advisory Committee and Action Team activity
- Resource acquisition
- CDA support activities and participation

#### 8. Project name and administering entity

##### **RI Early Learning Standards Professional Development Series at Children's Friend and Service**

*A non-governmental, non-profit community based agency*

#### Quality activities

##### **PROFESSIONAL DEVELOPMENT INCLUDING TRAINING, EDUCATION, AND TECHNICAL ASSISTANCE**

##### **ACTIVITIES IN SUPPORT OF EARLY LANGUAGE , LITERACY, PRE-READING, AND EARLY MATH CONCEPTS DEVELOPMENT**

Offers three separate professional development courses developed by master teacher/trainers with experience in implementing early learning standards in settings for preschool children. Courses are taught by certified RI ELS Training Consultants.

Rhode Island Early Learning Standards Training Level 1: Using the Standards to Support Children's Development : A five-session series offered in both English and Spanish designed to provide basic understanding of RI ELS domains and critical implementation concepts including curriculum, child assessment, individualized teaching and learning and engaging families in children's learning. This series is designed for teachers' assistants and Family Child Care providers with limited prior learning in child development.

Rhode Island Early Learning Standards Training Level II: Implementing a Standards-Based Program : A 10-session, 2 credit, Early Learning Standards professional development series

designed to give preschool teachers the tools they need to implement standards based curriculum and assessment in their classrooms. This series is designed for early care and education professionals charged with the education of preschool children in a group setting. Participants must have completed at least one post-secondary course and have prior knowledge of child development and learning

Rhode Island Early Learning Standards Training for Administrators: Using the Standards to Establish Policy and Lead Program-Wide Implementation: The specialized administrators track is a hybrid of the 10-session series (also 2 credits) that focuses on program-wide implementation, policy and management issues, and the dynamics of systemic change.

Participants in Levels II and III may elect to attend 4 of 6 additional optional sessions of related content entitled Implementing a Standards-Based Program to earn a third credit.

Diverse community groups are formed each year to participate in the each series. Approximately 250 early care and education professionals participate in the trainings each year. Participation in the courses is free, there is a nominal charge for credits earned through the University of Rhode Island Levels II and II) and Community College of RI (Level I).

#### Expected results

- Participants will gain a working familiarity with the domains of growth and development will preschool children defined in RI ELS
- Participants will demonstrate an ability to use the Early Learning Standards to strengthen appropriate and stimulating curriculum
- Participants will choose authentic assessment tools and develop effective strategies to assess children's progress and understanding
- Participants will demonstrate a capacity to utilize assessment information to design learning environments that support each child's individual learning
- Participants will develop and implement effective strategies to engage families in their children's development and learning
- Participants will create a portfolio to document: purposeful teaching and planning; appropriate assessment strategies; skillful development of individualized curriculum aligned with RI ELS; meaningful engagement of families; and that children in their program benefit from teaching and learning activities that support successful learning and competence.

#### Evaluation of outcomes

No formal evaluation of current activities conducted

Participant surveys are conducted to evaluate quality and impact of each series

Each series requires participants to complete assignments that demonstrate their understating of concepts presented including a personal or program portfolio documenting evidence of implementation of the Standards

#### Quarterly reports track:

- Number and type of series offered

- Participants in each community group including demographic information
- Participant feedback form surveys
- Participants taking series for credit
- Expressed demand for participation

#### 9. Project name and administering entity

#### **RI Early Learning Standards School Readiness Initiative at RIDE**

*State Elementary and Secondary Education Agency*

#### Quality activities

**ACTIVITIES IN SUPPORT OF EARLY LANGUAGE, LITERACY, PRE-READING, AND EARLY MATH CONCEPTS DEVELOPMENT**

#### **MONITORING COMPLIANCE WITH LICENSING AND REGULATORY REQUIREMENTS**

Design and implement meaningful connections and collaboration between state-level initiatives that focus on school readiness and the promotion of high quality services in ECE including : DCYF CC Licensing and RIDE educational programs approval revisions; the RI Quality Rating System ; Successful Start, and HOPE

Oversee and monitor the continuation of RI ELS professional development activities to ensure that these are maintained as consistent high quality adult learning experiences and that increasing numbers of ECE practitioners and programs are engaged in implementation of the RI ELS

Establish quality criteria and measurement strategies that define a Standards-Based Early Learning Program for Preschoolers and use these as the basis for approval of educational programs for young children

Develop a portfolio documentation system for practitioners and programs to link quality criteria of RI ELS implementation to measurement strategies used in the RI Quality Rating System (QRS)

Coordinate with institutions of higher education to ensure that professional development activities are credit bearing and support the professional development goals of ECE professionals

Design and implement training and technical assistance to ECE programs engaged in the implementation of RI ELS that also supports their progression through QRS quality levels

Design and implement training and technical assistance regarding family engagement in children's early learning for programs implementing RI ELS – promote full and appropriate utilization of Family Fun Activities for Preschoolers and other materials and strategies for engaging families

#### Expected results

- High quality professional development experiences related to implementation of RI ELS
- Increasing numbers of ECE practitioners with knowledge and skills related to implementation of RI ELS in ECE classrooms across the state

- Increasing numbers of ECE programs where the majority of staff members from assistants to administrators have participated in professional development related to RI ELS and where implementation of RI ELS on a program wide levels is occurring
- Meaningful connections and collaboration between state-level initiatives that focus on school readiness and the promotion of high quality services in ECE including : DCYF CC Licensing and RIDE educational programs approval revisions; the RI Quality Rating System ; Successful Start, and HOPE
- Quality criteria and measurement strategies for a Standards-Based Early Learning Program are developed and piloted, coordinated efficiently with both DCYF CC Licensing and QRS standards and processes, and institutionalized as regulations for approval of RI Preschool programs
- Technical assistance and implementation tools are available to ECE programs implementing RI ELS
- Programs implementing RI ELS are fully committed to engaging families in children's early learning and are given tools, training and technical assistance to do so effectively
- Institutions of higher education in RI that offer course work and/or degrees in ECE, child development, human development, family studies or related fields support the professional development goals of both pre-service and in-service ECE professionals at every level

#### Evaluation of outcomes

No formal evaluation of current activities conducted

#### *Quarterly reports track:*

- Project activities
- Progress toward goals

#### 10. Project name and administering entity

**The Child Development Specialist Certificate Program at Community College of RI**

*Other: State sponsored higher education institution*

#### Quality activities

**PROFESSIONAL DEVELOPMENT INCLUDING TRAINING, EDUCATION, AND TECHNICAL ASSISTANCE**

#### **IMPROVING SALARIES AND OTHER COMPENSATION FOR CHILD CARE PROVIDERS**

- Establishment and monitoring of Child Care Employer Standards that include a wage scale and paid mentoring time at every sponsor site
- Development and application of on-the-job (OTJ) work processes based on the competencies required by the National Council of Early Childhood Recognition in awarding the CDA credential
- Supervision of 4000 hours of OTJ for each Child Development Specialist apprentice
- Support for the achievement of a CDA credential for each Child Development Specialist apprentice
- Successful completion of 6 ECE classes (18 credits) for each Child Development Specialist apprentice
- Assessment of basic skills and remedial English and/or math classes offered to students who need it
- On-going advising and support for Child Development Specialist apprentices

- Recruitment of sponsors and FCC Homes that are committed to providing high quality developmentally appropriate services to children and families
- Recruitment of a diverse cadre of mentors and apprentices that reflect ethnic, cultural and linguistic diversity of the families and children in the communities of which they are a part
- Successful completion of 1 3-credit course in supervision and mentoring by each participating mentor
- On-going professional support for mentors and sponsors
- Effective management of the CDS Certificate program
- Growth and expansion of the CDS Certificate Program through collaborative relationship building

#### Expected results

- To develop a statewide infrastructure utilizing the national registered apprenticeship system as a model to train, educate, and certify Child Care Development Specialists qualified to lead a group of children in a group child care setting in Rhode Island
- To envision and develop a certificate program to increase the expertise, compensation standard, diversity and job tenure of the child care workforce and to form a public-private alliance supporting an infrastructure for that program that is sustainable for as long as a need in the child care industry exists
- To identify and promote RI CDSCP as a pathway for graduates of HS Child Development programs and other individuals to enter the field and for practitioners with years of experience in child care but little formal training to advance in the field.
- To provide a curriculum through CCRI with content that encompasses: developmentally appropriate inclusive practices for young children; an effective interactive adult educational component; content required by the Bureau of Apprenticeship & Training for Child Care Development Specialist related instruction; and competencies articulated by the Council in the CDA credentialing program.
- To develop or revise course offerings as needed to ensure that all specified content is included.
- To ensure that required course work that comprises the required related instruction is fully accessible to all participants of the RI CDSCP
- To establish a program for RI CCDSP **mentors** that emphasizes best practice for children and families and incorporates: preparation for guiding the professional development of a novice practitioner; on-going guidance, support, and technical assistance in the role of mentor; and opportunities and incentive for professional development and advancement of master practitioners
- To develop leadership potential and provide on-going opportunities for advancement in the child care industry in Rhode Island.
- To forge a cadre of knowledgeable, experienced, skilled professionals available as **instructors** for related instruction course work in the RI CDSCP
- To establish wage scales at RI CDSCP sponsors sites that are professional standards of compensation available to the child care industry as a model
- To improve the quality of care and education for children enrolled at program sponsors and FCC Home Apprentices participating in RI CDSCP

#### Evaluation of outcomes

No formal evaluation of current activities conducted

Participant surveys and interviews are conducted to evaluate quality and impact of each activity

Coursework requires participants to complete assignments that demonstrate their understanding of concepts presented

*Program reports track:*

- Number and type participating sponsors
- Number and demographic information of participating apprentices
- Number and demographic information of participating mentors
- Progress of CDS apprentices
- Activities completed for each cohort
- Feedback form participants
- Issues that arise and resolution of these
- Annual report on past participants

11. Project name and administering entity

**Child Care Support Network at RI Department of Health**

*State Public Health Agency*

Quality activities

**PROFESSIONAL DEVELOPMENT INCLUDING TRAINING, EDUCATION, AND TECHNICAL ASSISTANCE**

**ACTIVITIES TO PROMOTE INCLUSIVE CHILD CARE**

**HEALTHY CHILD CARE AMERICA AND OTHER HEALTH ACTIVITIES INCLUDING THOSE DESIGNED TO PROMOTE THE SOCIAL AND EMOTIONAL DEVELOPMENT OF CHILDREN**

Health information for CC providers

On-site Health consultation for CC centers

Support for formal Health Consultant training

On-site Mental Health consultation for CC providers

Support for evidence-based training for parents and practitioners regarding promoting social and emotional development in young children

On-site technical assistance and mentoring in programs serving infants and toddlers

On-site technical assistance and mentoring in programs serving children with special needs

Expected results

- ECE professionals and parents gain knowledge and skills related to supporting social and emotional development in young children
- ECE professionals and parents gain knowledge and skills related to effectively managing challenging behavior in young children



- ECE programs employ practices that support positive social and emotional development in young children
- ECE program practices and policies support the inclusion and success of children with special needs and those with challenging behaviors
- Young children with special needs related to social and emotional development are appropriately assessed and have access to mental health services and professionals
- A health information phone line and electronic information sharing mechanism is available to all CC providers
- The number of National Training Institute trained CC Health Consultants in RI increases
- A network of CC Health Consultants with specialized training and knowledge is formed and supported
- A menu of Health Consultation services for CC centers, especially those serving infants, is developed and services are delivered to centers
- Health and safety practices in CC centers in RI are improved
- Technical assistance and on-site mentoring is available to programs serving infants and toddlers
- The quality of CC services delivered to infants and toddlers in participating programs improves
- Parents in participating programs are informed about child development and engaged in their child's early learning
- Participating providers have increased capacity to accommodate children with special health care need and emotional and behavioral health needs

#### Evaluation of outcomes

An evaluation plan that assesses the impact of on-site consultation has been built into the Mental Health component of the project

DOH will evaluate each component of the program annually using data submitted by vendors for each component monthly during each program year

#### *Data submitted includes:*

- Number and type of participating CC programs
- Number and demographic information about children enrolled in each participating program
- Number of children with diagnosed special needs enrolled in each participating program
- Number and type of contact hours with each participating program/provider
- Number of providers with protocols in place for appropriately assessing children and identifying needs then referring children to community services
- Number and type of referrals made in participating programs
- Feedback form participants
- Issues that arise and resolution of these
- Annual report on past participants

#### 12. Project name and administering entity

**The Quality Rating System Partnership at RI Kids Count**

*A public-private partnership administered by a non-governmental, non-profit community based intermediary*

Quality activities

**MONITORING COMPLIANCE WITH LICENSING AND REGULATORY REQUIREMENTS**

**IMPROVING SALARIES AND OTHER COMPENSATION FOR CHILD CARE PROVIDERS**

**ACTIVITIES IN SUPPORT OF EARLY LANGUAGE, LITERACY, PRE-READING, AND EARLY MATH CONCEPTS DEVELOPMENT**

**ACTIVITIES THAT INCREASE PARENTAL CHOICE**

**ACTIVITIES TO IMPROVE THE QUALITY OF CHILD CARE**

- Develop evidence-based quality levels, standards, and criteria through a process of community engagement, information sharing and consensus building that includes parents, providers, state agency representatives and other stakeholders
- Support improved licensing infrastructure and processes
- Develop materials and processes for QRS program assessments, designations and program improvement planning
- Design data system to track data on programs that is linked to state agency and R&R information
- Identify incentives for program participation in QRS
- Identify current resources for Continuous Quality Improvement (supports available to help programs improve), assess needs of current landscape of programs, identify gaps and plan for identifying resources to meet needs at every level
- Design an identity and develop a marketing plan and materials for providers and parents
- Develop a financing plan for state-wide rollout
- Identify an organization to administer the QRS statewide
- Conduct a formal third party evaluation of the standards and pilot the standards and the implementation process with selected programs
- Identify and develop incentives for program participation

Expected results

- Create consensus in the state on what constitutes program quality for ECE and OST programs;
- Lay the foundation to ensure that every child in Rhode Island has access to high quality programs that are held accountable with consistent standards;
- Create a means to educate families about program quality and assist them in identifying high-quality programs for their children;
- Guide the allocation of quality improvement resources in order to effectively help providers identify incremental quality improvement goals and implement strategies to achieve them;
- Improve, coordinate, and support the licensing and regulatory system in Rhode Island so that it is efficient and effective at ensuring and communicating compliance with regulations;
- Define Pre-K criteria and recognize programs for 3 and 4 year olds that meet those criteria;
- Secure funding to support a QRS that includes effective evaluation and monitoring of programs, sufficient support for program quality improvement and incentives to encourage and reward continuous quality improvement;

➤ Create a connected QRS system of standards, evaluation, monitoring and support for program quality improvement that engages the majority of licensed programs in RI and encourages and motivates programs to continuously improve quality and advance levels.

#### Evaluation of outcomes

As the RI QRS emerges from the development process and enters into a pilot phase (fall 2007) a full evaluation of the draft program standards and the process is planned

## **5.2 Good Start, Grow Smart Planning and Development**

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and early math concepts and a plan for the education and training of child care providers. The third component of the President's *Good Start, Grow Smart* initiative, planning for coordination across at least four early childhood programs and funding streams, was addressed in Section 2.1.2.

**5.2.1 Status of Voluntary Early Learning Guidelines. Indicate** which of the following best describes the current status of the State's efforts to develop, implement, or revise research-based early learning guidelines (content standards) for three to five year-olds. **NOTE: Check only one box to best describe the status of your State's three-to-five-year-old guidelines.**

- ☐ **Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: \_\_\_\_\_
- ☐ **Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: \_\_\_\_\_
- ☐ **Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment 5.2.1.**
- ☒ **Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts that may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as **Attachment 5.2.1.**
- ☐ **Revising.** The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as **Attachment 5.2.1.**
- ☐ **Other (describe):**

**Describe** the progress made by the State in developing, implementing, or revising early learning guidelines since the date of submission of the 2006-2007 State Plan.

The RI DHS in collaboration with RI Department of Education has continued to make progress in implementation of the RI Early Learning Standards.

The RI ELS document, poster and Family Fun Packs are available in English and Spanish have been fully disseminated to all regulated child care providers and public pre-school /Kindergarten programs across the state. These are continuously available in hard copy by request from either RIDE of RI DHS.

The document and family materials are available on-line at:  
<http://www.ride.ri.gov/els/index.asp>

RI ELS professional development at three levels as described in the 2006 – 2007 plan and in Section 5.1.4 of this plan have been expanded and refined and is being offered through CHILDSPAN, RI's Child Development and Education Training and Resource Institute. The core of each series is offered free of charge with a nominal charge for those applying for college credits. All three levels are now available as credit bearing elective courses through the University of Rhode Island (Levels II and III) or the Community College of Rhode Island (Level I). Level I is offered in both English and Spanish. The development of personal and program portfolios that document participant progress in implementing ELS in classrooms and across programs has been integrated into each series.

The goals for participants in each series include: using the Early Learning Standards to strengthen developmentally appropriate and engaging curriculum; choosing authentic assessments and developing effective and appropriate strategies to assess children; utilizing assessment information to design learning environments and experiences that support each child's learning; and developing opportunities to engage families in their children's development and learning.

Participants report that as a result of participation in the series, their teaching and planning becomes more purposeful, their assessment and curriculum development skills are strengthened, and children in their program benefit from teaching and learning activities that support their school success.

In summer of fall of 2007 RIDE will offer a Train the Trainer class in RI ELS to expand the pool of qualified RI ELS instructors and consultants. Higher education instructors in ECE/child development/family studies programs across the state will be invited to participate to engage in the

discussion of how to integrate RI ELS into higher education pre-service course offerings.

The RI ELS Steering Committee continues to move forward in embedding RI ELS into the landscape of early care and education in RI.

- Programs are encouraged to participate in RI ELS PD as a whole staff experience with different staff participating in different levels simultaneously
- RIDE is developing an on-site consultation model to pilot in public preschool and community CC settings to promote program-wide implementation of RI ELS
- Participation in RI ELS PD is required for staff in higher levels of the newly developed RI Quality Rating System (QRS)
- RIDE is preparing to revise the regulatory standards for Approval of Educational Programs for Young Children using RI ELS to create regulations that create a new definition of approved Standards-based Pre-Kindergarten in RI

If developed, are the guidelines aligned with K-12 content standards or other standards (e.g., Head Start Child Outcomes, State Performance Standards)?

☒ Yes. If yes, **name standards.**

**RI K-12 Content Continuums and Grade Level Expectations  
Head Start Child Outcomes Standards**

☐ No.

If developed, are the guidelines aligned with early childhood curricula?

☒ Yes. If yes, **describe.**

**RI ELS cover a full range of developmental domains and are designed to inform educators in the selection and/or development of appropriate curriculum and assessment tools and practices. Alignment of curriculum with RI ELS is part of the professional development offered at Levels II and III.**

**To date, Creative Curriculum is the only commercially available product that has specifically cross-walked alignment with RI ELS. There are plans to approach the developers of other commercially available curriculum products to request a similar analysis.**

☐ No.

Have guidelines been developed for children in the following age groups (check if guidelines have been developed):

- ☐ Birth to three. Guidelines are included as Attachment 5.2.1  
☒ Three to five. Guidelines are included as **Attachment 5.2.1**  
☐ Five years or older. Guidelines are included as Attachment 5.2.1

Efforts to develop early learning guidelines for children that may differ from those addressed in *Good Start, Grow Smart* (i.e., children birth to three or older than five) may be described here.

**Future goals for RI ELS Project include developing and disseminating RI ELS for children birth – 3 years.**

If any of your guidelines are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

<http://www.ridoe.net/ELS/doc1.asp>

**5.2.2 Domains of Voluntary Early Learning Guidelines.** Do the guidelines for children three-to-five-years-old address language, literacy, pre-reading, and early math concepts?

- ☒ Yes.  
☐ No.

Do the guidelines for children three-to-five-years-old address domains not specifically included in *Good Start, Grow Smart*, such as social/emotional, cognitive, physical, health, creative arts, or other domains?

- ☒ Yes. If yes, **describe.**  
**The eight domains addressed in RI ELS are:**  
**Approaches to Learning;**  
**Social and Emotional Development;**  
**Language Development and Communication;**  
**Literacy;**  
**Mathematics;**  
**Science;**  
**Creativity; and**  
**Physical Health and Development**

- ☐ No.

**5.2.3 Implementation of Voluntary Early Learning Guidelines. Indicate the strategies the State used or expects to use in **implementing** its early learning guidelines.**

**Check all that apply:**

- ☒ Disseminating materials to practitioners and families
- ☒ Developing training curricula
- ☒ Partnering with other training entities to deliver training
- ☒ Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems
- ☒ Other. Describe: **Creating program standards that identify how a program demonstrates implementation of the RI Early Learning Standards to create a RI definition of high quality standards-based Preschool/PreK**

<b>Indicate the stakeholders that are (or expect to be) actively supporting the implementation of early learning guidelines.</b>	<b>Indicate the programs that mandate or require the use of early learning guidelines.</b>
<input checked="" type="checkbox"/> Publicly funded (or subsidized) child care	<input type="checkbox"/> Publicly funded (or subsidized) child care
<input checked="" type="checkbox"/> Head Start	<input type="checkbox"/> Head Start
<input checked="" type="checkbox"/> Education/Public pre-k	<input type="checkbox"/> Education/Public pre-k
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Early Intervention
<input checked="" type="checkbox"/> Child Care Resource and Referral	<input type="checkbox"/> Child Care Resource and Referral
<input checked="" type="checkbox"/> Higher Education	<input type="checkbox"/> Higher Education
<input checked="" type="checkbox"/> Parent Associations	<input type="checkbox"/> Parent Associations
<input checked="" type="checkbox"/> Other. Describe: RI Quality Rating System Partnership	<input type="checkbox"/> Other. Describe:

How are (or will) cultural, linguistic and individual variations (be) acknowledged in implementation?

**During the development of RI ELS and the Family Fun Pack, the cultural and linguistic diversity of families and the individual learning styles and developmental differences among children were taken into consideration and the final products reflect these considerations.**

**RI ELS materials for practitioners and families are universally available in both English and Spanish. Professional Development at Level I is available in**

**both English and Spanish The Spanish course is taught by a highly qualified bi-lingual RI ELS certified trainer consultant. Support for bi-lingual learners is available at all levels.**

**Implementation of RI ELS is focused primarily on professional development for child care providers and support for the engagement of families as children's first teachers. Each course is taught to a cohort of diverse providers, usually from the same community. Though consistency of content delivery by master teacher instructors is a cornerstone of the professional development effort, the instructors have observed that variation across community groups is a factor in *individualizing each course offering for the participants*.**

How are (or will) the diversity of child care settings (be) acknowledged in implementation?

**Community groups are encouraged to include diverse provider types in their mix including Head Start agencies, community ECE Centers, public and private preschool programs, Family CC Home providers and family support professionals. Support is provided for bi-lingual providers who choose to participate in Level II courses. Level I was specifically developed to address the needs of less experienced providers and is offered in both English and Spanish.**

Materials developed to support implementation of the guidelines are included as **Attachment 5.2.3**. If these are available on the web, provide the appropriate Web site address:

**Attached are Family Fun Packs, RI ELS Posters and a detailed course description for each level of training.**

**Family Fun Packs are available on-line at <http://www.rido.net/ELS/family.asp>**

**Each certified RI ELS PD consultant receives notebooks of materials developed to guide the consistent delivery of content in each RI ELS PD series. Consultants come together on a regular basis, at least four times annually, to discuss PD delivery and materials and advise RIDE on revisions to the process and/or materials.**



- 5.2.4 **Assessment of Voluntary Early Learning Guidelines.** As applicable, **describe** the State's plan for:
- (a) Validating the content of the early learning guidelines
  - (b) Assessing the effectiveness and/or implementation of the guidelines
  - (c) Assessing the progress of children using measures aligned with the guidelines
  - (d) Aligning the guidelines with accountability initiatives
- (a) **No plan for this – we believe that the use of evidence based criteria for the inclusion of specific content during the careful development process of RI ELS validates the content in the final product.**
- (b) **Each RI ELS PD series incorporates on-going assessment of practitioner understanding and application of the concepts presented. Practitioners complete assignments that include documentation of their own learning and implementation of RI ELS in their classrooms and programs. Participants also complete surveys about the effectiveness of the materials and teaching strategies employed in the presentation of each session. This feedback is used to continuously refine and improve the content and delivery of RI ELS PD.**
- (c) **Assessing the progress of children using measures aligned with RI ELS is an integral part of each PD series. Practitioners learn the value of authentic assessment practices and how choose and/or develop assessment tools and processes that are aligned with RI ELS and inform differentiated teaching and learning for their students.**
- (d) **As part of Successful Start, RI's ECCS project, a collaborative team comprised of state agency staff and key stakeholders from the community is engaged in coordinating program standards, application and approval processes and program data across DCYF CC Licensing, RIDE Pre-school Program Approval, DHS CC Subsidy Provider Approval and QRS ratings. As the cornerstone of RI's definition of school readiness, broad and effective implementation of RI ELS is a goal across these accountability systems and in this process of review and revision will be fully integrated into high quality program expectations.**

Written reports of these efforts are included as **Attachment 5.2.4**. If these are available on the web, provide the appropriate Web site address (reports must still be attached to Plan):

**No formal written reports are currently available**

- 5.2.5 **State Plans for Professional Development.** **Indicate** which of the following best describes the current status of the State's efforts to develop a professional development plan for early childhood providers that includes all the primary

sectors: child care, Head Start, and public education. **NOTE: Check ONLY ONE box to best describe the status of your State's professional development plan.**

- ☐ **Planning.** Indicate whether steps are under way to develop a plan. If so, describe the entities involved in the planning process, time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- ☐ **Developing.** A plan is being drafted. The draft or planning documents are included as **Attachment 5.2.5.**
- ☒ **Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 5.2.5.**
- ☐ **Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as **Attachment 5.2.5.**
- ☐ **Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 06-07 State Plan. The revisions or the revised plan are included as **Attachment 5.2.5.**
- ☐ **Other (describe):**

**Describe** the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2006-2007 State Plan.

**Not a great deal of progress on further realizing HOPE has been made since the submission of the 2006-2007 State Plan. However, as RI has moved forward on institutionalizing the apprenticeship program into the RI CDSCP and on developing a Quality Rating System that includes standards related to staff credentials and professional development, we have begun to envision HOPE as a blueprint embedded in a broader ECE systems effort rather than as a separately funded project.**

**In 2007 we plan to move forward on finalizing the Core Competencies and Career Lattice, revising these to align with QRS standards and the CDSCP. We will also revisit the HOPE blueprint to see how each component can be advanced, integrating each component into other systems-building efforts whenever possible and planning for implementation of individual component on a prioritized time-line using the systems we are developing as the unifying element.**

If your State has developed a plan for professional development, does the plan include (**Check EITHER yes or no for each item**):

	Yes	No
Specific goals or desired outcomes <b>Pages 4-5</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A link to Early Learning Guidelines <b>The ongoing PD work of the RI ELS Project (described in previous question) provides a model for high quality PD experiences and will be fully integrated into the Core Competencies &amp; Career Lattice in HOPE.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Continuum of training and education to form a career path <b>Page 4</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next <b>Page 5</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of trainers <b>Page 5</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content <b>Page 5</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners' training <b>Page 4</b> <b>Practitioner Registry – we think this may be integrated into the emerging cross-agency/QRS data system</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Credentials – State for which roles (e.g. infant and toddler credential, directors' credential, etc.) <b>Page 4</b> <b>We have not yet determined which specializations we will define</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For each **Yes** response, **reference** the page(s) in the plan and briefly **describe**.

For each **No** response, **indicate** any plans the Lead Agency has to incorporate these components.

**FFN caregivers; less than 3% of CCAP assisted children are enrolled with FFN providers outside of the regulated child care system. Though HOPE PD opportunities will be available to legal non-certified providers, specialized strategies to reach that provider group are not a current focus of the work.**

Are the professional development opportunities described in the plan available:

**Note: Check either yes or no for each item):**

	Yes	No
Statewide	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Center-based Child Care Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

**Describe** how the plan addresses early language, literacy, pre-reading, and early math concepts development.

**These are currently addressed in RI ELS PD activity (see above) and in CHILDSPAN PD offerings. Professional competencies related to strategies to promote school readiness in all domains, including early language, literacy, pre-reading, and early math concepts development is inherent in the Core Competencies. It is envisioned that more detail on supporting specific areas of PD especially as related to the development of these early skills will be developed as HOPE is implemented.**

Are program or provider-level incentives offered to encourage provider training and education?

- ☐ Yes. If yes, **describe**, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.
- ☒ No. If no, **describe** any plans to offer incentives to encourage provider training and education, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts?

**RI is still in the process of laying the groundwork to support incentives for increasing knowledge and competence**

As applicable, does the State assess the effectiveness of its professional development plan, including the achievement of any specified goals or desired outcomes?

- ☐ Yes. If yes, **describe** how the professional development plan's effectiveness/goal is assessed.
- ☒ No. If no, **describe** any plans to include assessments of the professional development plan's effectiveness/goal achievement.

**We are working on developing a 'theory of change' model for all quality improvement efforts, including the HOPE blueprint and will be assessing goal achievement as we progress toward realization of an integrated PD/Continuous Quality Improvement system**

Does the State assess the effectiveness of specific professional development initiatives or components?

- ☐ Yes. If yes, **describe** how specific professional development initiatives or components' effectiveness is assessed.
- ☒ No. If no, **describe** any plans to include assessments of specific professional development initiatives or components' effectiveness.

**As we move forward with implementing HOPE components evaluation of the effectiveness of strategies implemented will be addressed**

As applicable, does (or will) the State use assessment to help shape or revise its professional development plan?

- ☐ Yes. If yes, **describe** how assessment informs the professional development plan.
- ☒ No. If no, **describe** any plans to include assessment to inform the professional development plan.

**We are working on developing a 'theory of change' model for all quality improvement efforts, including the HOPE blueprint and will be assessing goal achievement as we progress toward realization of an integrated PD/Continuous Quality Improvement system.**

**With limited resources it is always challenging to balance the need to evaluate effectively with the need to sufficiently fund those activities that create change.**

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**PART 6**  
**HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS**

*(Only the 50 States and the District of Columbia complete Part 6.)*

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

**6.1 Health and Safety Requirements for Center-Based Providers** (658E(c)(2)(F), §§98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?

☐ Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.

☒ No. If no, **describe** which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

**DHS CCAP Approved Summer Camp programs operated during school summer vacation are not subject to RI DCYF licensing rules. (See definitions of RI DHS CCAP approved provider types in Attachment 3.1.1B) Currently only 2unregulated Summer Camps are approved in the CCAP and less than 5 CCAP assisted children attended those programs in 2006.**

6.1.2 Have center licensing requirements as they relate to staff-child ratios, group size, or staff training been modified since approval of the last State Plan?  
(§98.41(a)(2)&(3))

☐ Yes. If yes, **describe** the changes.

☒ No.

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)  
**All Summer Camps are required to certify that all children have had their immunizations according to RI Department of Health (DOH) standards.**
- Building and physical premises safety  
**All Summer Camp programs have to meet all appropriate building and physical safety as dictated by state law. They must certify that they will notify DHS of any adverse actions that affect the operation of their program.**
- Health and safety training  
**All Summer Camps are required to adhere to all RI DOH regulations.**

**6.2 Health and Safety Requirements for Group Home Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- ☒ Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.
- ☐ No. If no, **describe** which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- ☐ Yes. If yes, **describe** the changes.
- ☒ No.

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety



- Health and safety training

**6.3 Health and Safety Requirements for Family Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

☐ Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.

☒ No. If no, **describe** which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

**DHS CCAP Approved Legal Non-certified Providers are not subject to RI DCYF licensing rules. Under RI DHS CCAP rules this term refers to non-certified care provided in the provider's residence (commonly referred to as kith and kin care) as well as care provided in the child's home. (See definitions of RI DHS CCAP approved provider types in Attachment 3.1.1B) The health and safety requirements are consistent for both circumstances. Currently approximately 3% of all children in RI DHS CCAP are enrolled with non-certified providers.**

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☐ Yes. If yes, **describe** the changes.

☒ No.\*

**\*Revisions by RI DCYF are in process but no targeted date of final approval and implementation has been established. After a period of community review and revision of current standards, revised FCC Home standards have been promulgated but a date for implementation of the new rules has not been set.**

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

**All non-certified providers must certify that the children in their care have had the appropriate immunizations for their age according to their DOH recommendations unless parents object to immunization or immunization is contraindicated due to a medical condition.**

**Non-certified providers must have a plan for medical emergencies including a method to notify parents of an injury requiring emergency treatment. Moreover, these providers must have written parental authorization for emergency medical treatment of the child(ren) in a hospital and for administration of medication.**

**Non-certified providers must also notify parent(s) whenever a contagious disease has been introduced into their home.**

- **Building and physical premises safety**  
**All non-certified providers must attest to the fact that they have an evacuation plan with escape routes from all floors for the children in their care.**  
**All non-certified providers must have a working telephone on the premises.**
- **Health and safety training**  
**All non-certified providers must certify that they are free from any physical, mental and/or emotional condition that would endanger children or interfere with their ability to care for children. If a non-certified provider is the recipient of disability benefits, a physician must verify that they are free from any physical, mental and/or emotional condition that would endanger children or interfere with their ability to care for children. They must also attest that there is an emergency first aid kit on the premises. All non-certified providers are given a brochure outlining health and safety guidelines in providing child care and are required to sign a set of health and safety assurances that are again outlined in mandatory RI DHS CCAP introductory training sessions. All non-certified providers must attend 3 hours of training related to children's development or children's health and safety annually for continuing approval.**

**6.4 Health and Safety Requirements for In-Home Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above?

☐ Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

☒ No. If no, **describe** which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

**RI child care regulations do not cover any in-home providers, thus all are technically exempt under state law.**

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☐ Yes. If yes, **describe** the changes.

☒ No.

6.4.2 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

**See Section 6.3.3 RI DHS has established the same rules for all legal non-certified providers regardless of where care is provided.**

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

## **6.5 Exemptions to Health and Safety Requirements**

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A))  
Indicate the Lead Agency's policy regarding these relative providers:

- ☐ **All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ **All** relative providers are **exempt** from all health and safety requirements.
- ☒ **Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:

**The staff-child ratio for legal non-certified relative providers is capped at six (6) children instead of three (3) as is the limit for legal non-certified non-relative providers.**

**Relative caregivers reimbursed for services by RI DHS CCAP are subject to the rules that govern their status in the program – some are RI DCYF certified providers also approved for reimbursement by RI DHS CCAP, others are RI DHS CCAP legal non-certified providers subject to RI DHS rules only.**

## **6.6 Enforcement of Health and Safety Requirements**

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

☒ Yes. If yes, **indicate** which providers are subject to routine unannounced visits and the frequency of those visits:

**Regulated providers are subject to unannounced visits by RI DCYF in accordance with that department's policies.**

**All CCAP approved providers are informed that DHS reserves the right to make unannounced visits at any time. DHS staff does not regularly visit providers but if there is a complaint or concern regarding health and safety requirements, or compliance with CCAP policies, RI DHS staff does sometimes make unannounced visits to both regulated and un-regulated providers. This happens more frequently now as DHS fraud investigators are available to visit provider sites.**

☐ No.

- Are child care providers subject to background checks?

☒ Yes. If yes, **indicate** which types of providers are subject to background checks and when such checks are conducted:

**All providers are subject to background checks.**

**Regulated providers must pass clearances at the time of application – in center-based programs all staff must pass clearances before starting employment.**

**Legal non-certified providers and all household members above 18 years must pass clearances every two years for continued approval.**

☐ No.

- Does the State require that child care providers report serious injuries that occur while a child is in care? ( Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

☒ Yes. If yes, **describe** the State's reporting requirements and how such injuries are tracked (if applicable):

**See Attachment 6.6 for RI DCYF regulations related to serious injuries**

☐ No.

- Other methods used to ensure that health and safety requirements are effectively enforced:

#### **6.7 Exemptions from Immunization Requirements**

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- ☒ Children whose parents object to immunization on religious grounds.
- ☒ Children whose medical condition contraindicates immunization.

**PART 7**  
**HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES**

*(Only the Territories complete Part 7)*

**7.1 Health and Safety Requirements for Center-Based Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**7.2 Health and Safety Requirements for Group Home Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**7.3 Health and Safety Requirements for Family Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

- Building and physical premises safety
- Health and safety training

**7.4 Health and Safety Requirements for In-Home Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**7.5 Exemptions to Territorial Health and Safety Requirements**

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- ☐ All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ All relative providers are **exempt** from all health and safety requirements.
- ☐ **Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

**7.6 Enforcement of Territorial Health and Safety Requirements**

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how Territorial health and safety requirements are effectively enforced:

Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

☐ Yes. If yes, **indicate** which providers are subject to routine unannounced visits and the frequency of those visits:

☐ No.

Are child care providers subject to background checks?

☐ Yes. If yes, **indicate** which types of providers are subject to background checks and when such checks are conducted:

☐ No.

Does the Territory require that child care providers report serious injuries that occur while a child is in care? ( Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

☐ Yes. If yes, **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):

☐ No.

Other methods used to ensure that health and safety requirements are effectively enforced:

## **7.7 Exemptions from Territorial Immunization Requirements**

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- ☐ Children whose parents object to immunization on religious grounds.
- ☐ Children whose medical condition contraindicates immunization.



**APPENDIX 1**  
**PROGRAM ASSURANCES AND CERTIFICATIONS**

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))

- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

## APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must **define** the following *italicized* terms. (658P, 658E(c)(3)(B))

- *attending* (a job training or educational program; include minimum hours if applicable) - **Attending is defined as participation in an approved employment or training component of a Family Independence Program Employment Plan. FIP participants must be engaged in training and education or work or a combination of training and education and work for a minimum of 30 hours per week to qualify for child care assistance. Verification of attendance in an approved job training or education program is required for ongoing eligibility for FIP/CCAP.**
- *in loco parentis* - **When the relative with whom the child lives is not the biological or adoptive parent, the term loco parentis (in place of the parent) is used. Spouses of any of the persons in the listed groups meet the relationship requirement and continue to meet it even after the marriage is terminated by death or divorce. A child meets this eligibility factor if his/her home is with any of the following relatives:**
  - father, adoptive father, mother, adoptive mother;**
  - stepfather, stepmother (but not the parent of either);**
  - grandfather, great grandfather, great-great grandfather, great-great-great grandfather;**
  - grandmother, great grandmother, great-great grandmother, great-great-great grandmother;**
  - adoptive grandparent if the grandchild is the natural child of a parent who was adoptive, or if the grandchild is the adopted child of a parent who was the natural child of the grandparent;**
  - brother, half brother, adoptive brother, stepbrother, sister, half sister, adoptive sister, stepsister;**
  - uncle, great uncle, great-great uncle, aunt, great aunt, great-great aunt (including uncle or aunt of whole or half blood);**
  - nephew, great nephew, great-great nephew, niece, great niece, great-great niece (including nephew or niece of whole or half blood); or**
  - first cousin (including first cousin of whole or half blood), first cousin once removed.**
- *job training and educational program* – **Job training and educational programs are defined as those activities that may be approved to be included in an individual's employment plan under the Family Independence Program (FIP/TANF).**
- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) -

**A documented neuro-physiological, psychological or emotional disorder, physical impairment, or serious health condition. that a clinical or medical professional attests renders the child incapable of self-care.**

- *protective services* -  
**NA: CCDF funds are not used in RI DHS CCAP for care provided to children in protective services**
- *residing with* -  
**Residing with is defined as the usual home of the child.**
- *special needs child* -  
**NA :RI DHS CCAP has not established differential payment rates for children with disabilities. As the entitlement requires that all eligible children receive CC assistance, priority for children with disabilities has not been established.**
- *very low income* -  
**Working families whose gross countable income is at or under one hundred percent (100%) of the Federal Poverty Income Level (FPL) for their family size are considered very low income and do not have a co-payment obligation.**
- *working* (include minimum hours if applicable) -  
**Working is defined as being employed at least twenty (20) hours or more per week earning the greater of the state or federal minimum wage.**
- Additional terminology related to conditions of eligibility or priority established by the Lead Agency:

**RI DHS CCAP benefits may be provided due to the incapacity of either the parent or child under Short-term Special Approval Child Care (SSACC). Authorization for SSACC is limited to periods of three (3) months duration and no more than two (2) periods may be authorized in any twelve (12) consecutive months.**

**For purposes of SSACC “incapacity” is defined as a serious health condition that constitutes a temporary “special” need for services**

**For child-based incapacity, documented evidence must be provided from a qualified licensed health care practitioner, program, facility or responsible government authority that the child has a behavioral or mental disorder, physical disability, serious health condition, learning disability, or hearing, speech or visual impairment that: a) is not currently being treated or accommodated either because access to an appropriate program that meets the child's special needs has been denied, delayed, or is unavailable (FIP families only) ; or b) constitutes a need for uninterrupted service which is not currently available from any resource other than the CCAP (FIP and income eligible families).**

**For parent-based incapacity, the applicant must provide documented evidence from a qualified licensed health care practitioner, program, facility or responsible government authority indicating that the disorder or impairment of the parent poses a serious barrier to appropriate routine child care activities and that the health condition of the parent temporarily prohibits both employment or participation in approved activities and routine child care activities necessary to maintain the health and well being of the child.**

**A child of a teen parent is defined as a child whose parent is under the age of twenty (20) years of age. Teen parents who want to complete their high school education are eligible for CCAP as long as they are participating in an Adolescent Self Sufficiency Collaborative (ASSC) and attending high school or a GED program. The ASSC provides social services, parental education and support to the adolescent while s/he completes her/his education. Participation in the ASSC constitutes the approved activity requirement under need for services for FIP and income eligible recipients of CCAP benefits. All other criteria under need for services must be met in order for CC assistance to be approved.**

## CHILD CARE AND DEVELOPMENT FUND PLAN FOR RHODE ISLAND

FFY 2008 - 2009

### ATTACHMENTS

#### Section 2.1.1

##### Consultation and Coordination

- A. **Childcare Center Emergency Planning: Preparedness, Response and Recovery (CDs)** *not available electronically – contact RI DOH Center for Family Health to request copies*
- B. **Rhode Island Children's Cabinet**
- C. **Advisory Committee on Child Care & Development at DHS**

#### Section 2.1.2

**Successful Start (RI SECCS Strategic Plan)** *not attached electronically – a copy of the plan and more information on Successful Start is available on-line at*

*<http://www.health.ri.gov/family/successfulstart/index.php>*

#### Section 2.2

**Summary of Public Comments from State Plan Hearing** *not attached at this time – waiting for transcription – will follow as soon as they are ready*

#### Section 3.1.1

##### Description of CC Services

- A. **Child Care Certificate**
- B. **CCAP Provider Types**
- C. **CCAP Policy Manual** *not attached electronically – available on-line at <http://www.ridhscode.org/0850.htm> and Eligibility Worker's Desk Guides Desk Guides attached in hard copy for CCDF only*

#### Section 3.2

##### Payment rates for the Provision of Child Care

- A. **RI DHS Starting Right CCAP Established Maximum Rate Schedule** *proposed*
- B. **Statewide Survey of Child Care Costs in Rhode Island 2006** *not attached electronically – available on-line at [http://www.dhs.ri.gov/dhs/famchild/childcare\\_study\\_07.pdf](http://www.dhs.ri.gov/dhs/famchild/childcare_study_07.pdf)*

#### Section 3.3.2

##### Eligibility Criteria for Child Care

**RI DHS CCAP Financial Unit, Countable and Excluded Income definitions**

### **Section 3.5.1**

#### **Sliding Fee Scale for Child Care Services**

#### **RI DHS CCAP Family Cost Sharing Tables 9/2007 *proposed***

### **Section 4.1.1**

#### **Application Process/Parental Choice**

- A. **CCAP-1 Application** *not attached electronically - available on-line at [http://www.dhs.ri.gov/dhs/famchild/ccap\\_application.pdf](http://www.dhs.ri.gov/dhs/famchild/ccap_application.pdf)*
- B. **CCAP/FIP S-1 Supplemental Application** *not attached electronically*

### **Section 4.4**

#### **Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain CC DHS Code of RI Rules Section 0805.03**

### **Section 5.2.1**

#### **Status of Voluntary Early Learning Guidelines**

**Rhode Island Early Learning Standards (RI ELS) document** *not attached electronically – available on-line at <http://www.ride.ri.gov/els/index.asp>*

### **Section 5.2.3**

#### **Implementation of Voluntary Early Learning Guidelines**

#### **Examples of RI ELS Implementation Materials**

- A. **Family Fun Packs (available in English and Spanish)** *not attached electronically – available on-line at <http://www.ride.ri.gov/els/index.asp>*
- B. **RI ELS Program Posters (available in English and Spanish)** *not attached electronically – available on-line at <http://www.ride.ri.gov/els/index.asp>*
- C. **Detailed RI ELS Course descriptions** *not available electronically*

### **Section 5.2.5**

#### **State Plans for Professional Development**

**HOPE: RI's Harbor of Opportunities for Professional Excellence – a blueprint for professional systems**

### **Section 6.6**

#### **Enforcement of Health and Safety Requirements**

**RI DCYF regulations regarding the reporting of serious injuries for children in regulated child care**

**Attachment 2.1.1 B.**

## **Rhode Island Children's Cabinet**

**The Rhode Island Children's Cabinet comprised of Directors and senior staff of RI DHS, RI DCYF, RIDE, RI DOH, RI DLT, RI Department of Administration, and RI Department of Mental Health, Retardation and Hospitals, as well as the Commissioner of Higher Education, and senior staff from the Office of the Governor. The Secretary for the Executive Office of Health and Human Services (EOHHS) chairs the Cabinet which has responsibility to coordinate all programs related to children in the state.**

**The intent of the Children's Cabinet is to foster cooperative state efforts to address the needs of children and families in an integrated and effective way. It functions as an information exchange and collaborative planning forum among state departments, private service agencies and the public.**

**The Children's Cabinet is committed to achieving four broad outcomes for Rhode Island's children and families:**

- **All children will enter school ready to learn.**
- **All children will leave school ready to lead productive lives.**
- **All children and youth will be safe in their homes, schools, and neighborhoods.**
- **All families will be economically self-sufficient yet interdependent.**

**The Successful Start implementation teams (see Attachment 2.1.2) provide working groups addressing coordination of a variety of early childhood programs seeking to strategically advance and achieve these goals.**



#### Attachment 2.1.1 C

### Advisory Committee on Child Care and Development at DHS

In December 2001 Rhode Island Department of Human Services (RI DHS) convened the Advisory Committee on Child Care and Development at DHS (ACCCD) as an opportunity for families, child care providers, representatives from agencies of the Children's Cabinet and other interested community members to come together regularly to discuss the evolving child care and early education system taking shape in RI.

The goals of the ACCCD at DHS are:

- to provide a forum for sharing information both from the department to members of the community and from members of the community to the department and one another – particularly information relating to child care for children from birth to 16, early education and child development;
- to provide an opportunity for parents, providers and other community members to talk to one another and DHS about programs and initiatives in the department, particularly about the Starting Right Child Care Assistance Program (CCAP) and Child Care Quality Initiatives;
- to present program and policy proposals regarding the DHS Starting Right Child Care Assistance Program (CCAP) for public comment and input; and
- to support ongoing planning that is both collaborative and strategic for the future of child care and early education, CCAP, and related quality initiatives in RI.

The ACCCD at DHS meets regularly at least ten times annually in a central location.

The ACCCD currently includes sub-committees: the Systems Solutions Sub-Committee which deals with CC provider interactions with DHS CCAP policies, practices and systems; and the Parents Advisory Group which deals with CCAP assisted families' interactions with DHS CCAP policies, practices and systems.

Membership in the ACCCD at DHS is open and voluntary. Current members include representatives from: parents participating in the DHS CCAP; Center Based child care providers; Family Child Care Home providers; Family Child Care Homes of RI; RI Association for the Education of Young Children; RI Child Care Directors Association; RI School Age Child Care Coalition; Head Start; RI Permanent Legislative Commission on Child Care; RI Kids Count; RI Public Policy Coalition; The Poverty Institute at Rhode Island College [RIC]; Community College of RI [CCRI]; Child Opportunity Zones; RI Departments of Human Services [DHS], Health [DOH], Children Youth and Families [DCYF], and Education [RIDE]; RI Office of the Child Advocate; RI Comprehensive Child Care Services Program [CCCSP]; RI Child Care Facilities Fund; CHILDSPAN; Options for Working Parents; Child Care Support Network; RI Parents Information Network; United Way of Southeastern New England; University of Rhode Island ; Schmidt Labor Research Center at URI; Health, Education and Leadership for

Providence [HELP]; RI Diocese of Providence, Office of Youth Ministry; The Providence Center; and Community Matters.

The Community Chairperson of the ACCCD at DHS is Elizabeth Burke Bryant, the Executive Director of Rhode Island Kids Count. The staff person responsible for the committee at DHS is Reeva Sullivan Murphy, DHS Child Care Administrator.

**Attachment 3.1.1 A**

PAWTUCKET CHILD CARE Office  
24 COMMERCE STREET  
PAWTUCKET RI 02860

JANE Q PUBLIC

600 NEW LONDON AVENUE  
CRANSTON, RI 02920

October 7, 2006

\*\*\*\*\* CHILD CARE CERTIFICATE \*\*\*\*\*

Certificate Period: October 02, 2006 to March 31, 2007

Name: JANE Q. PUBLIC

Certificate Number: 953007

Child(ren):

JOHNNY PUBLIC

JUDY PUBLIC

Date of Birth:

February 17, 2006

October 8, 1992

**INSTRUCTIONS**

This Certificate is your proof that the above named child(ren) have been approved for the DHS Child Care Assistance Program.

Your child care provider needs the CERTIFICATE NUMBER to enroll your child and may copy this Certificate for their records.

Your Notice of Approval tells you the exact eligibility period for each child. This may be different than the Certificate Period listed above.

KEEP THIS CERTIFICATE. You will need it when you change providers or call us regarding your case.

## **Attachment .1.1 B**

### **CCAP Approved Provider Types**

RI DHS CCAP approves five different types of child care providers. Families choose the type of provider and the particular provider which best meets their needs. Different types of providers are reimbursed at rates established by DHS for each provider type.

The five approved categories are:

- ☺ DCYF Licensed Centers - this includes all types of centers as well as licensed school age programs in schools and centers
- ☺ DCYF Certified Family Child Care Homes - this includes Family Child Care Homes and Group Family Homes
- ☺ Legal, Non-certified Providers - this includes relatives or neighbors not certified by DCYF who pass clearance checks with the DCYF CANTS system and the Attorney General's Office. Families may arrange for approved non-certified providers to provide care in the child's home or in the providers' home. Non-certified providers are not allowed to care for more 3 children that are not related to the provider. If all children in care are related to the provider DHS will pay up to 6 children but no more than 6. Relationships must be proved as part of the application process if more than 3 children will be enrolled with a non-certified provider. Non-certified providers must make certain health and safety assurances to the department and are required to participate in some training each year. Non-certified providers are only approved when they have been asked by a potentially CCAP eligible family to provide child care for CCAP assisted children.
- ☺ Nursery Schools -this includes programs licensed only by the Department of Education as part day programs
- ☺ Summer Camps - this includes summer programs operated by approved providers but not specifically licensed or certified by DCYF as child care facilities.

**Attachment 3.2 A Payment Rates** proposed for October 1, 2007



**DHS Starting Right Child Care Assistance Program (CCAP)**

<b>INFANT/TODDLER Care</b> Children 1 week <i>up to</i> 3 years of age				
Time Authorized & Enrolled ⇨ Provider Type ↓	Full Time (FT/1)	Three Quarter Time (3 QT/5)	Half Time (HT/2)	Quarter Time (QT/4)
DCYF Licensed Centers	<b>\$182</b>	<b>\$137</b>	<b>\$91</b>	<b>\$45</b>
DCYF Certified Family Child Care Homes	<b>\$150</b>	<b>\$112</b>	<b>\$75</b>	<b>\$37</b>

**Established Schedule of Maximum Weekly Rates**

**RI Department of Children, Youth, and Families (DCYF)**  
**Licensed Centers, School Age Programs, Family Group Day Care Homes, and Certified Family Child Care Homes**

<b>PRESCHOOL Care</b> Children 3 years <i>up to</i> entry to 1 <sup>st</sup> grade (this includes ALL Kindergarten children)				
Time Authorized & Enrolled ⇨ Provider Type ↓	Full Time (FT/1)	Three Quarter Time (3 QT/5)	Half Time (HT/2)	Quarter Time (QT/4)
DCYF Licensed Centers	<b>\$150</b>	<b>\$112</b>	<b>\$75</b>	<b>\$37</b>
DCYF Certified Family Child Care Homes	<b>\$150</b>	<b>\$112</b>	<b>\$75</b>	<b>\$37</b>
<b>SCHOOL AGE Care</b> Children 1 <sup>st</sup> grade <i>up to</i> 13 years of age <b>YOUTH Care</b> Youth 13 <i>up to</i> 16 years of age <i>only DCYF Regulated provider types may be paid for YOUTH Care</i>				
Time Authorized & Enrolled ⇨ Provider Type ↓	Full Time (FT/1)	Three Quarter Time (3 QT/5)	Half Time (HT/2)	Quarter Time (QT/4)
DCYF	<b>\$135</b>	<b>\$101</b>	<b>\$67</b>	<b>\$33</b>

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Licensed Centers				
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<b>INFANT/TODDLER Care</b> Children 1 week <i>up to</i> 3 years of age				
Time Authorized & Enrolled $\Rightarrow$ Care Type $\downarrow$	Full Time (FT/1)	Three Quarter Time (3 QT/5)	Half Time (HT/2)	Quarter Time (QT/4)
Non-certified (NC) in Provider's Home	<b>\$81</b>	<b>\$60</b>	<b>\$40</b>	<b>\$20</b>
Non-certified (NC) in Child's Home	<b>\$74</b>	<b>\$55</b>	<b>\$37</b>	<b>\$18</b>
DCYF Certified Family Child Care Homes	<b>\$135</b>	<b>\$101</b>	<b>\$67</b>	<b>\$33</b>

**Legal Non-certified Providers and Summer Camps**

<b>PRESCHOOL Care</b> Children 3 years <i>up to</i> entry to 1 <sup>st</sup> grade				
Time Authorized & Enrolled $\Rightarrow$ Care Type $\downarrow$	Full Time (FT/1)	Three Quarter Time (3 QT/5)	Half Time (HT/2)	Quarter Time (QT/4)
Non-certified (NC) in Provider's Home	<b>\$54</b>	<b>\$40</b>	<b>\$27</b>	<b>\$13</b>
Non-certified (NC) in Child's Home	<b>\$50</b>	<b>\$37</b>	<b>\$25</b>	<b>\$12</b>

<b>SCHOOL AGE Care</b> Children 1 <sup>st</sup> grade <i>up to</i> 13 years of age  <i>Non-certified provider types may NOT be paid for YOUTH Care</i>				
Time Authorized & Enrolled $\Rightarrow$ Provider Type $\downarrow$	Full Time (FT/1)	Three Quarter Time (3 QT/5)	Half Time (HT/2)	Quarter Time (QT/4)
Non-certified (NC) in Provider's Home	<b>\$53</b>	<b>\$39</b>	<b>\$26</b>	<b>\$13</b>
Non-certified (NC) in Child's Home	<b>\$49</b>	<b>\$36</b>	<b>\$24</b>	<b>\$12</b>
Summer Camps (SC)	<b>\$43</b>	These programs approved ONLY for FT care for School Age children during ten weeks of summer vacation. Other rate categories do not		

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		apply.
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### **Attachment 3.2.2 Income definitions**

#### **RI DHS CCAP: Definitions: Financial Unit, Countable Income, Excluded Income From CCAP regulations in DHS Code of Rhode Island Rules, Amended January 4, 2004**

*Financial unit* means the dependent children, including both applicant and non-applicant child(ren), and the parent(s) and the legal spouse(s) of the parent(s) who live with them in the same household. The financial unit may also include applicant children that DHS has determined, upon verification, to be a relative of acceptable degree to the parent(s) requesting CCAP authorized services. The financial unit determines family size for the purposes of determining income.

*Income* means any money, goods or services available to the financial unit used to calculate eligibility for the CCAP. For the purposes of the CCAP, countable income includes, but is not limited to, any of the following:

- Monetary compensation for services, including wages, salary, commissions or fees;
- Income from self-employment;
- Social Security Disability/Death Benefits (RSDI);
- Supplemental Security Income (SSI);
- Dividends or interest on savings or bonds or income from estates or trusts;
- Rental Income;
- Public assistance or FIP cash assistance payments;
- Unemployment compensation, including Temporary Disability insurance (TDI) and workers compensation;
- Government civilian employee or military retirement;
- Cash payouts for waiving employer sponsored health insurance;
- Private pensions or annuities;
- Adoption subsidies;
- Alimony or child support payments;

- Regular contributions from persons not living in the household;
- Royalties;
- Room and board income
- Strike Benefits
- VA Compensation Payments
- VA Educational Benefits
- In-Kind Assistance
- Alien Sponsor Income

*Excluded income* means certain money, goods or services that are not considered countable for the purposes of determining whether a family meets the requirements for CCAP income eligibility.

Excluded income includes, but is not limited to, the following:

- The value of U.S. Department of Agriculture donated foods;
- Any payment received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- Any grant or loan for an undergraduate student for educational purposes made or insured under any programs administered by the U.S. Commissioner of Education;
- Payments distributed per capita to, or held in trust for, members of any Indian tribe under Public law 92-254, Public Law 93-134 or Public Law 94-540;
- Any benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended;
- Payments for supportive services or reimbursement of out-of-pocket expenses made to individual volunteers serving as foster grandparents, senior health aides or senior companions, and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any other program under Title II and Title III of the Domestic Volunteer Service Act of 1973;
- The value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, and the special food service program for children under the National School Fund Act, as amended, (Public Law 92-433 and Public Law 93-150);

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- Payments of Experimental Housing Allowance Program made under Annual Contributions Contracts entered into prior to January 1, 1975, under Section 23 of the U.S. Housing Act of 1937, as amended;
- Receipts distributed to members of certain Indian tribes which are referred to in Section 5 of Public Law 94-114 that became effective October 17, 1975;
- Tax exempt portions of payments made pursuant to the Alaska Native Claims Settlement Act, Public Law 93-203;
- Foster care payments made by the Rhode Island Department for Children, Youth and Families;
- The value of food stamp benefits;
- The value of government rent or housing subsidies;
- Income from college work study programs;
- The earned income of a dependent child who is included in the financial unit; (note in procedures this would be income from RBIN, JINC RINC and self employment's BUSI and DINC);
- For six (6) months per calendar year, a dependent child's earned income derived from a Workforce Investment Act (WIA) program;
- A transportation allowance paid under the auspices of a work or training program, such as Job Search, or a WIA program;
- In accordance with PL 100-485, the refund of taxes under the earned income tax credit (EITC), or the advance payment of the EITC;
- Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs;
- Monies received under the federal Social Security Persons Achieving Self-Sufficiency (PASS) program or the Income Related Work Expenses (IRWE) program;
- The income of the parents with whom a teen parent(s) resides;
- Veterans Aid and Attendant Allowance



## RI DHS CCAP Family Income and Co-Payment Guidelines

*Proposed for September 1, 2007*

Income Level	Percent of Income Assigned as Co-payment	Family Size 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6
0	0	\$13,690	\$17,170	\$20,650	\$24,130	\$27,610
1	1%	\$17,113	\$21,463	\$25,813	\$30,163	\$34,513
2	4%	\$20,535	\$25,755	\$30,975	\$36,195	\$41,415

- **Family Size** = all the children and all of their parents and all spouses of children's parents living in the same household.
- **The amount of money shown in each Income Level is the maximum amount of gross annual income a family can earn in that level.**
- The **Percent of Income** assigned at each level is applied against the gross annual income then divided by fifty two (52 weeks) to determine the co-payment the family is expected to pay each week.
- The **co-payment is assigned to the youngest child enrolled in care.** DHS subtracts the assigned family co-payment from the full rate for that child when making payments. If the co-payment exceeds the rate paid for one child, the remainder of the family's share is assigned to the next oldest child enrolled.
- If family income or family size changes, the family co-payment is re-calculated.
- The family is expected to make the same weekly co-payment to the designated provider regardless of the number of children or the amount of time enrolled.

## **Attachment 4.4 Criteria or definitions Applied by TANF Agency to Determine Inability to Obtain Child Care**

From DHS Code of Rhode Island Rules, Starting Right Child Care Assistance Program (CCAP)

### **0850.03 CHILD CARE CENTRAL PROVIDER DIRECTORY**

REV:08/2004

The Department of Human Services shall only make payment only for CCAP authorized child care services when rendered by DHS CCAP approved child care providers. To obtain approval, child care providers shall meet the minimum requirements set forth in this section, including entering into an agreement with DHS that fulfills the requirements set forth in this subrule. Providers that have obtained DHS approved status are listed in the CCAP Central Provider Directory (CPD) maintained by the Office of Child Care (OCC). The OCC established the CPD to serve as the single point of entry for all providers seeking approval to participate in the CCAP, receive payment for authorized child care, and gain access to DHS subsidized health insurance coverage and other programs administered by DHS.

A provider may begin to provide authorized services to CCAP eligible children during the week that an application for the CCAP approval has been submitted to the OCC. However, DHS shall only make payment for such services when, and on the condition that, the provider is granted CCAP approved status, completes the introductory training, and enrollment and reporting activities specified in this rule.

#### **1.1.1.1 0850.03.01 Definitions**

REV:08/2004

For the purposes of this section, the terms below have the following meaning:

"Approved Non-certified Child Care Provider" means any individual rendering child care in the home of the child or the provider, who has been successfully screened by the department in accordance with the requirements set forth in Section 0850.03.03 of this subrule and determined eligible to participate in the CCAP, listed in the CPD, and receive payment for allowable child care expenses. Non-certified providers are not required under applicable State laws (R.I.G.L.42-72.1 et.seq.) to obtain licensure or a certificate of registration from the Rhode Island Department of Children, Youth and Families, but must meet the capacity requirements as specified in Section 0850.02.08(3).

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"Approved Nursery School" means a program for preschool age children approved by the Rhode Island Department of Education.

"Allowable child care expense" means the total cost of CCAP authorized child care services paid by DHS to an approved provider after deducting the amount the family is required to pay the provider as its share of the cost (or family share) for authorized services.

"CCAP Approved Provider Agreement (APA)" means the agreement that all CCAP approved providers must sign with DHSS that establishes the respective responsibilities and obligations of both the Department and the provider.

"CCAP Approved Provider Introductory Training" means the introductory training session(s) about the CCAP, conducted by the Office of Child Care (OCC) and that approved providers must complete in order to receive DHS reimbursement of allowable child care expenses.

"CCAP Approved Provider Rate Report (APRR)" means the report that providers must complete and submit to the OCC to gain or maintain approved provider status. The APRR requires providers to specify the actual rate they charge for child care services rendered to non-CCAP subsidized families. As part of this report, providers are also required to submit their published rate schedule for all payers other than DHS/CCAP. The APA shall include the Approved Provider Rate Report (APRR) and this report will be incorporated into the agreement.

"Center-based Child Care Program" means a facility operated on a regular basis which receives children, not of common parentage, and provides non-residential care in a location separate from the children's parents during the day.

"Child Care Facility" means any facility that provides child care, including a center-based program or family child care home, that is licensed or certified by the Rhode Island Department of Children, Youth and Families (DCYF). The term includes facilities that have programs such as: nursery school, preschool, pre-kindergarten, child play school, before or after school care, or child development center and applies to the total child care operation, including the physical setting, administration, staff, equipment, program, and care of children.

"DHS Authorized Payment Rate for Providers" means the rate that DHS CCAP pays approved providers for CCAP authorized child care services. The DHS authorized payment rate for each provider is either the actual rate the provider charges for child care services as reported in the APRR or the DHS CCAP Established Payment Rate for each rate category, whichever is lower

"DHS CCAP Established Payment Rate" means the maximum rate that DHS CCAP will pay approved providers for authorized child care services in each rate category. This maximum rate is established based on the results of a biennial Market Rate Survey as defined in Rhode Island law (R.I.G.L.

40-6.2-1.1.

"Department of Children, Youth and Families or DCYF" means the Rhode Island State agency with statutory responsibility for regulating child care providers. DCYF licenses child care centers and group family child care homes and certifies family child care homes.

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"Family Child Care Home" means a child care program located in the provider's home residence in which child care services may be offered at the same time to four (4) or more children unrelated to the child care provider. Family child care home shall not mean a private residence used for an informal cooperative arrangement among neighbors or relatives, or the occasional care of children with or without compensation. R.I.G.L.42-72.1-4 requires family child care home providers to obtain a certification from DCYF.

"Group Family Child Care Home" means a child care program located in the provider's home residence in which child care services may be offered at the same time for (9), but no more than twelve (12) children unrelated to the child care provider. R.I.G.L.42-72.1 requires group family child care home providers to obtain licensure from DCYF.

"Successfully Screened Provider" means that there is no disqualifying information or evidence of criminal activity in the background clearances and criminal record checks of the individual seeking CCAP approved non-certified provider status or of any of the adults living in the provider's household. Child care providers who possess a valid DCYF license or certificate to operate, and who are seeking CCAP approved status, are presumed to have been successfully screened in accordance with the R.I.G.L. 40-13.2-1 et. seq.

"Summer Camp" means a DHS approved program serving eligible school age children during periods when school is out-of- session. Summer camps must meet applicable State laws and regulations pertaining to child health and safety and any other applicable DHS requirements, though employees are not subject to the DCYF screening process.

#### **1.1.1.2 0850.03.02 CDP Approved Providers**

REV:08/2004

The CCAP Central Provider Directory (CPD) standardizes the process for approving child care providers to participate in the CCAP and provide a central source of information about, and for, CCAP approved providers. The process for gaining entry to the CPD, and attaining CCAP approved status, varies depending on type of child care provider.

1) Categories of CPD Approved Providers. In general, entry into the CPD shall be limited to the following categories of child care providers:

a) DCYF Licensed and Certified Child Care Providers.

Child care providers regulated by, and operating in accordance with, the standards established by the Rhode Island Department of Children, Youth and Families (DCYF) appropriate to the child care setting. Providers in this category include licensed center-based child care programs, group family child care homes, and school-age programs, as well as certified family child care homes. Also included are summer camp programs operated by licensed centers where children spend at least part of their day at the regulated facility where DCYF center standards are maintained during the entire day.

b) Non-certified Child Care Providers. Individuals who are not required by law to obtain DCYF licensure or certification, but are authorized to participate in the CCAP. Providers in this category have been successfully screened by DHS as specified in section 0850.03.03 of this rule; and

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c) Non-certified Centers (also referred to as Summer Camps). This category is reserved for child care providers that are in compliance with the child care health and safety standards and/or program requirements established by the Department of Health (DOH) as well as any other pertinent and appropriate State agencies, and approved by DHS as meeting the CCAP program requirements. Summer camps, by definition, may not operate for more than twelve (12) weeks per year; and

d) Nursery Schools. Programs certified by the Rhode Island Department of Education (DOE) to operate half (1/2) day pre-school programs and approved by DHS as meeting the CCAP program requirements.

2) Scope of CCAP Approval. For the purposes of the CCAP, "approved" means that the child care provider has met the requirements to enroll eligible children through the DHS CCAP automated enrollment system, receive payment for allowable child care expenses, and participate in certain DHS programs. Although these requirements reflect the minimum standards for safe and healthful child care, CCAP approved status is not, and shall in no way be construed as, related to the quality of services rendered by the child care provider. DHS will not pay providers for services rendered prior to the week that the CPD receives their application to be a CCAP approved provider.

### **1.1.1.3 0850.03.03 CPD Application for Approval Process**

REV:08/2004

Child care providers who fall into the categories defined in Section 0850.03.01 of these rules, may apply for entry into the CPD. In the event that the family of an eligible child selects a child care provider that is not listed as approved in the CPD, the provider must contact the Office of Child Care, to request the appropriate CPD application forms and related information about obtaining CCAP approved provider status. The process for becoming approved in CCAP and entered into the CPD includes both general and category specific application requirements, as outlined below.

1) General Access Requirements. All child care providers seeking access to the CPD and CCAP approved status shall meet the following general requirements:

a) Applications shall be made on forms approved by the department. The application may vary in length and type, depending on the category of provider. Completed and signed applications, along with any required documentation, shall be submitted for review to the Office of Child Care.

b) All CCAP approved child care providers shall sign a CCAP Approved Provider Agreement (APA) that establishes the respective responsibilities and obligations of both the Department and the provider as well as the grounds for discontinuation of approved status. No payment shall be made for allowable child care expenses until the Department receives the original APA, signed and dated by the child care provider and notarized or witnessed by a member of the staff of the OCC. Providers shall agree to the terms and conditions set by DHS for:

- \* Completing the APRR;
- \* Enrolling eligible children;
- \* Complying with maximum capacity limits;
- \* Transmitting documentation of authorized services

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rendered;

- \* Establishing the DHS authorized payment rate for services provided to CCAP eligible children enrolled in care as well as the payment method and interval;
- \* Ensuring the safety and well-being of children in their care; and
- \* Filing timely reports to DHS about changes in enrollment, licensure, or certification status, capacity or any other such matters as deemed necessary to maintain the CPD and authorize payment for services.

c) Providers, and any substitute providers, shall be successfully screened through a background clearance and criminal record check by the department specified --DCYF or DHS-- category specific requirements established in subrule (2) of this subsection;

d) Providers shall be U.S. citizens or submit documentation of a legal immigration status that includes the appropriate authorization to work in the child care field, or a related, industry. DHS is prohibited from making payment to, and therefore will not approve, non- citizen providers who do not have proof of such authorization; and

e) Meet any category specific requirements set forth in this subsection.

2) Category Specific Access Requirements. In addition to the general access requirements, child care providers shall meet the following category specific requirements in accordance with R.I.G.L 40-5.1-17(b):

DCYF Licensed and Certified Child Care Providers. To be eligible to be CCAP approved, a child care provider operating under the jurisdiction of DCYF shall:

i. Provide documentation of a valid State of Rhode Island license or certificate to operate, deemed by DCYF to be in good-standing, and meet any additional requirements specified by DHS. Individuals operating, or employed by, child care centers and family homes regulated by DCYF are subject to screening -- including both a background clearance and criminal records checks -- as part of the process of obtaining and maintaining licensure or certification. Accordingly, a valid license or certificate in good standing is considered evidence of successful screening for the purposes of this section. For continued eligibility, all licensed providers are required to submit a schedule of their rates for non-assisted or non-subsidized families. If a provider's license lapses, is revoked, or otherwise becomes invalid, DHS shall initiate appropriate action to discontinue approved provider status. A provider whose approved status is discontinued must submit a new application to be considered for reinstatement as CCAP approved provider.

ii. For continued approved provider status, all licensed and certified providers are required to complete and submit a CCAP Approved Provider Rate Report (APRR) that includes their published rate schedule. The CCAP APRR specifies the actual rate a provider charges for child care services rendered to any non-CCAP subsidized families in all rate categories. The APRR is used to determine the DHS Authorized Payment Rates for Providers. If a provider does not have a published rate schedule, the provider shall make a statement attesting to that fact, as indicated, in the appropriate section of the CCAP APRR.

b) Non-certified Child Care Providers. To be eligible for CCAP approval, a non-certified provider shall:

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i. Submit a completed and signed CPD/CCAP application packet including a signed Health and Safety Certification Form in which the provider attests to being free of any physical, mental and/or emotional condition(s) with the potential to endanger children or impede the ability to care for children. If an applicant is receiving disability related income and/or supportive health care services, or has been hospitalized for a chronic condition for one (1) day or more in the last year, a treating physician must submit either medical documentation on the appropriate DHS form, or a signed letter, indicating that the applicant is capable of providing safe and appropriate care for children.

Additionally, the application shall contain the following:

(a) A W-9 Form (Request for Taxpayer Identification Number and Certification) completed and signed by the provider;

(b) Proof that the applicant is at least twenty-one (21) years old as verified by a birth certificate or other legal document that contains an applicant's date of birth;

(c) A valid social security number or proof that the applicant is a United States citizen or a non-citizen who is lawfully entitled to reside and work in the United States;

(d) Proof of the applicant's Rhode Island residency and of a stable address. A post office box is not an acceptable form of proof of Rhode Island residency, though it may serve as an applicant's official mailing address.

(i) As used in this subrule, a stable address means that the applicant intends to maintain one principal place of residence once approved for the CCAP. For the purposes of CCAP, a stable address is necessary to ensure prompt enrollment of eligible children, timely payment for authorized services and to protect the safety and security of the child care environment.

(ii) A signed and dated mortgage, lease or rental agreement in which the applicant, or the parent or spouse of the applicant, is a legally responsible party shall be considered acceptable proof of a stable address. A person who lives in a residence as a boarder is not considered to have a stable address and, as such, does not meet the requirements of this section.

(iii) At least thirty (30) days prior to the actual date of a planned move, an approved non-certified provider must submit to the Office of Child Care (OCC), the information necessary to verify the address of, and the intent to maintain, a new principal place of residence. The provider shall also report any changes in household composition that occur in tandem with, or as a result of, the change in residence.

(iv) An approved provider who makes multiple changes in the principal place of residence during the two (2) year period of CPD status is not considered to have a stable address.

Accordingly, CPD status of such providers is subject to review by the Office of Child Care and possible discontinuation of certified provider status.

e) Proof that there is a working telephone accessible at all time at the applicant's residence as verified through a current phone bill. A cell phone

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number is acceptable, provided that documentation is provided showing that the phone is attached to the provider's residence;

f) Information on the applicant, and all adult members of the applicant household, including social security numbers and dates of birth; and

g) A self-declaration specifying how many children will be rendered services, including any related children. Non-certified providers are limited to caring for three (3) unrelated children, or six (6) children if an acceptable degree of relationship to the provider can be proven. The provider's children under six (6) years of age shall be included in the maximum number of six (6) related children.

In instances in which the eligible children are related to the provider, legal documentation must be submitted to the CPD verifying that the provider has a relationship of acceptable degree to the eligible child(ren). For the purposes of the CCAP, a relationship of acceptable degree is an eligible child's aunt, uncle, grandparent, great grandparent, great aunt, great uncle, or adult sibling age twenty-one (21) or older. The Central Provider Directory (CPD) shall accept as verification of the provider's relationship the legal documents specified in Section 0806.15.05 of the FIP administrative rules. Information about the required legal documentation shall be made available to the provider by the CPD upon request.

ii. Be successfully screened, along with all members of the provider's household, at the time approved status is initially requested, and at two year intervals thereafter.

The screening process entails a background clearance performed through DCYF's Rhode Island Children's Information System (RICHIST) Unit, and a criminal record check (also referred to as a background criminal investigation or BCI) conducted by the Rhode Island Attorney General's Office. To be successfully screened, the following criteria shall be met:

(a) DCYF/RICHIST clearances. There shall be no disqualifying information, and no record of substantiated involvement in an investigation that may result in disqualification, as defined in the applicable DCYF policy, as amended, in the RICHIST background clearances of the provider and members of the provider's household. Any changes in the composition of the household must be reported immediately. Background checks on the entire household shall be conducted anytime there is a change in the composition of the approved provider's household.

(b) BCI Record Check. There shall be no evidence of criminal activity in the BCI record check of the provider and members of the provider's household. For the purposes of this section, evidence of criminal activity is defined as a conviction or plea of nolo contendere in any criminal matter or the fact that the individual has outstanding or pending charges, related to any of the following:

Types of Criminal Activity

Offenses Against the Person:

- Murder
- Voluntary manslaughter
- Involuntary manslaughter
- Kidnapping



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Kidnapping with intent to extort  
First-degree sexual assault  
Second degree sexual assault  
Third degree sexual assault  
Assault by spouse  
Assault with intent to commit specified felonies  
Felony assault  
Domestic assault  
First-degree child abuse  
Second-degree child abuse

Offenses Against the Family:

Incest  
Child snatching  
Exploitation for commercial or immoral purposes

Public Indecency:

Transportation for indecent purposes:  
Harboring  
Prostitution  
Pandering  
Deriving support or maintenance from prostitution  
Circulation of obscene publications and shows  
Sale or exhibition to minors of indecent publications,  
pictures, or articles  
Child nudity in publication

Drug offenses:

Any offense constituting a felony which is enumerated  
in R. I. General Law 21-28-81.01 et seq., the Uniform  
Controlled Substances Act.

(c) Office of Child Care Review. The Office of Child Care reserves the discretion to deny approval of an application in circumstances when the evidence in the criminal record of a member of the household indicates a pattern of behavior that poses a risk to the safety and/or well-being of the eligible children to receive care. Such a determination shall only be made subsequent to a comprehensive review of the information provided through the clearances and background checks required in this section, as well as any related official documents pertaining to the criminal record of the applicant or household member that may become available.

**Attachment 5.2.5**

## **HOPE**

### **Rhode Island's Harbor of Opportunities for Professional Excellence**

*A blueprint for developing a coordinated system of career and professional development for early care and education (ECE), school age (SA) and youth care professionals*

#### **HISTORY**

The Department of Human Services (DHS), as principal state agency for the planning and coordination of state involvement in child care in Rhode Island (RI General Law 42-12-23), is also lead agency for the federal Child Care Development Fund (CCDF) Block Grant .

In 1998, Rhode Island's General Assembly enacted the State Budget Article 11 relating to the "Starting Right Initiative" to increase access to affordable high quality early care and education (ECE), school age (SA) and youth care for Rhode Island families. At that time, a Starting Right Implementation Committee and four Sub-committees were established to analyze and research innovative practices and make recommendations for progress in specific areas identified as essential to moving the Starting Right vision forward into reality. One of those Sub-Committees, the Training and Accreditation Sub-Committee was related, in part, to professional development of ECE, SA and Youth practitioners. This group envisioned the establishment of a progressive career development system that creates and sustains a diverse and professionally prepared workforce able to apply knowledge, expertise and best practice to meet the challenges of supporting children's development and responding to families' needs.

The Sub-Committee on Training and Accreditation evolved into the HOPE [Rhode Island's Harbor of Opportunities for Professional Excellence] Project in 2000 and began refining a clear and detailed plan for a qualified, credentialed ECE, SA and youth care workforce in Rhode Island. The group solicited input from industry and community stakeholders at a Leadership Roundtable held in February 2001. Four areas of work were defined and moved forward: Survey/Landscape/Evaluation; Core Competencies and Career Lattice Design; Training; and Financing. During 2001 and part of 2002, a clear blueprint for action was created by participants in the HOPE effort. As a first step to implementing that plan, the HOPE Project Steering Committee, in collaboration with DHS and CHILDSPAN, convened a diverse and representative

Task Force to develop Core Competencies and Career Lattice Levels as a foundation for the envisioned Career and Professional Development System. In June 2003 a completed draft of the HOPE Core Competencies and Career Lattice Levels was released.

DHS continues to advance this vital work by sustaining inter-agency attention to the intentional design and implementation of a coordinated system of career and professional development comprised of a set of integrated components that coordinate and advance pre-service and in-service training and education in order to assure a skilled and educated workforce in ECE, SA and youth care programs and guarantee a continuum of accessible, consistent and high quality educational and career options for that workforce throughout Rhode Island.

### **GENERAL PURPOSE**

It is essential to the success of the project that HOPE does not replicate or replace existing efforts but rather provides resources and leadership to bring existing services and entities related to professional and career development for ECE, SA and youth care professionals together into an inclusive, responsive and comprehensive system. The goal of HOPE is to align the many pieces of the current professional and career development landscape into a cohesive whole, spanning a continuum of levels, from entry to advanced levels of education and experience, creating linkages and expanding, refining and enhancing opportunities and activities as needed. This work must integrate and include existing licensing bodies, such as teacher education licensing and preschool and child care program licensing, as well as other Starting Right Quality Initiatives such as (but not limited to) the RI Quality Rating System, the Rhode Island Early Learning Standards Project (RI ELS) and The Rhode Island Child Development Specialist Certificate Program (RI CDSCP). Professional development activities taking place in all sectors of ECE and child care such as (but not limited to) CHILDSPAN, Head Start, the RI Comprehensive Child Care Services Program (RI CCCSP), Early Intervention, Ready 2 Learn Providence, Preschool Special Education and Therapeutic Child and Youth Care (TCYC) should be included in the continuum. All stakeholders in the professional community must be sought out and encouraged to participate in the system design and in the on-going governance of the HOPE system.

### **GUIDING PRINCIPLES**

HOPE: RI's Harbor of Opportunities for Professional Excellence - a Career and Professional Development System for ECE, SA and Youth Professionals - will be guided by the following core principles and definitions:

- High quality, ongoing professional development and training of ECE, SA and youth care practitioners advances positive outcomes for children and youth and supports parents as the primary educators of their children.
- A qualified and professional workforce needs a coordinated system of professional development to maintain and expand skills and knowledge through learning opportunities linked to credentials, degrees, certifications, endorsements, compensation and licensure.
- Practitioners in ECE, SA and youth care, and those preparing to enter the field, bring a diversity of strengths and challenges that must be respected and addressed in order to establish effective and mutual teaching and learning that emphasizes the value of each individual, acknowledges and builds on prior knowledge and experience, and provides

help in overcoming individual learning difficulties. An effective professional and career development system provides appropriate flexibility to recruit and attract new members, maintain and advance the existing workforce, and acknowledge the expertise and competence gained through the variety of experiences individuals bring to enrich this work.

- Full and equitable access means providing culturally relevant training in locations throughout the state and in languages that address the identified needs of the ECE, SA and youth care workforce for fees affordable to the full range of practitioners in every setting.
- There are many paths to professional growth; a single approach to gaining knowledge and competence does not work for all. Learning opportunities and events must be highly engaging and interactive, available in a variety of formats, responsive to diverse learning styles, and utilize research on best practices in adult education. Innovative and creative approaches to professional development that meet accepted standards of quality must be encouraged. We must think outside of the box about effective pathways to increasing and verifying competence.
- Professional learning experiences for all RI practitioners must be coordinated as part of this emerging integrated system of career advancement and professional development. To this end, strong collaborative relationships among all stakeholders in the professional development landscape must be advanced through clear, honest, direct and respectful communication, partnerships that advance common ends, articulated training and educational experiences, and mutual support. HOPE must actively recruit and maintain the collaboration and support of relevant professional organizations, institutions of higher education, all entities involved in training and professional development related to ECE, SA and youth care as well as participants in the workforce. This diversity of critical stakeholders in Rhode Island must guide all aspects and stages of the project in order to promote shared ownership of HOPE as a career and professional development system advancing best practice for children, families and practitioners.
- HOPE will recognize and draw upon existing high quality professional development opportunities in the state. It will build upon and integrate work already accomplished to date. It must not duplicate or reinvent successful programs; rather it must incorporate them into the emerging system.
- HOPE is intended as an evolving system that improves itself through the integration of experience, analysis of achieved outcomes, feedback from participants and current research-based best practice in the field.
- HOPE's envisioned outcomes must be achieved incrementally on all levels. (Think big and start small.)
- A commitment to high standards and worthwhile, engaging experiences is essential at all levels, from novice to advanced.

- The Core Competencies and Career Lattice Levels identified by the HOPE Task Force are the foundation for HOPE as an emerging system of career and professional development for ECE, SA and youth care professionals. Professional development opportunities and certifications must address core knowledge and skills common to practitioners in every setting and across all age groups and also address the specialized knowledge and skills needed by practitioners in different roles and settings addressing children and youth at specific stages of development.
- Settings include: non-certified Family, Friend and Neighbor care, certified Family Child Care Homes; licensed Center Based programs; School Age and Youth programs in centers, community based organizations and schools; Head Start programs, certified CCCSP network programs, certified TCYC programs and part and full day Preschool and Kindergarten programs. HOPE must be inclusive of this variety of settings and also of the variety of services delivered to children and families through these settings.
- Age groups encompass birth through age sixteen and are generally categorized into: Infants (birth – 18 months); Toddlers (18 months – 3 years); Preschool (3-5 years); Kindergarten (5-6 years – sometimes included in preschool, sometimes included in School Age); School Age (6- 11 years/ first through fifth grades/ elementary school); and Youth (12-15 years/ sixth grade and up/middle and early high school)
- Individuals who develop and deliver training for ECE, SA and Youth practitioners must have appropriate credentials in their area of expertise, sufficient knowledge and experience to be a resource for their intended audience and must be well prepared to provide meaningful learning experiences for adults. The HOPE system has a responsibility to monitor and certify trainer expertise.

## **AREAS OF CRITICAL CONCERN & INTENDED OUTCOMES**

### **Systems Development & Integration**

- Initiate, integrate and sustain a coordinated system of career and professional development comprised of a set of integrated components that coordinate and advance pre-service and in-service training and education in order to assure a skilled and knowledgeable workforce in ECE and CC programs and guarantee a continuum of accessible, consistent and high-quality educational and career options for that workforce throughout RI
- A established, coordinated and inclusive certification program for practitioners at every level documented and readily accessible via a registry of practitioner qualifications

### **Data & Evaluation**

- Comprehensively compile and track:
  - data on RI's ECE and CC workforce including: number of workers, demographics, work settings, roles, and credentials;
  - data working conditions and consequences including wages, benefits, support for PD, professional work supports (planning time etc), and turnover; and
  - data on PD opportunities including how these address the needs of identified populations and where gaps exist

- Use data and integrated data systems to link successful investments in advancing the professional skills and knowledge of the workforce with improved quality in programs and better outcomes for children and families
- Build outcomes based evaluation into each component of the system

### **Core Competencies & Career Pathways**

- Clearly defined & widely communicated core standards and competencies for early care and education, school age, and youth care professionals
- A clearly defined career lattice of roles and professional positions in early care and education, school age, and youth care that allows practitioners to enter at a variety of levels and advance through diverse pathways
- Career guidance for professionals in every role that advances knowledge and skills in effective personal and program evaluation as related to setting and achieving goals leading to best practice for children and families
- A professionally prepared workforce that is: stable; competent in best practice; well respected; self- confident; well compensated; that reflects the diversity of children and families; and is able to meet the challenges of supporting children's development and responding to family's needs

### **Professional Development Opportunities**

- A system of professional development opportunities that is: flexible; interconnected; and sequenced that supports each practitioner and all practitioners to meet defined standards and build competencies
- Effective articulation agreements across all components of the system including transferable CEUs or college credit throughout all levels of professional development
- Training and education opportunities that meet the diverse cultural, linguistic, lifestyle and learning needs of working professionals
- An established method to monitor and qualify trainers and training opportunities according to established standards to assure high quality experiences and impact practice for practitioners to communicate this information to the public
- A coordinated array of community based, culturally appropriate, sequential, learning opportunities and continuing education designed around core knowledge and competencies leading to credentials and endorsements accessible to the full range of diverse practitioners working in ECE, SA and youth care throughout Rhode Island

### **Financing**

- Public and private partnerships providing funding for expanded training opportunities in the community connected to the professional development system
- A permanent, sustainable scholarship fund that supports all levels of professional development and that is established as a public/private partnership, well administered, and highly accessible to all practitioners
- Improved compensation linked to advancement in the field via professional development, demonstrated improvements in competence and documented experience
- Professionals in the field, the general public and policy makers are aware of the true costs and benefits of quality care for children of all ages and are moving forward toward better and more secure financing of early care and education, school-age and youth care programs through a variety of effective strategies and innovative partnerships

### **Consortium of Higher Education**

➤ A consortium of public and private institutions of higher education that offer programs applicable to ECE, SA and youth care professionals established to foster communication between institutions of higher education, community training programs and practitioners, to address barriers and opportunities, and to develop coordinated coursework and articulated paths for practitioners

### **COMPONENTS TO MOVE FORWARD**

#### **ECE/CC/QRS/PD technology system**

**Compile ECE/CC workforce data**

**Training for PD agencies and institutions in theory of change models & outcomes evaluation**

**Embed PD in Continuous Quality Improvement (QCI) systems building**

**Finalize general Core Competencies & address specialized certifications**

**Align Career Lattice with staff credentials in QRS, DCYF CC Licensing and RIDE  
Preschool Approval**

**Practitioner Certifications & Registry**

**Document and expand articulation agreements**

**Develop trainer and training approval standards and processes**

**Assess and expand PD opportunities to meet needs of workforce**

**Create a mechanism to communicate full range of PD opportunities across the workforce**

**Stabilize PD funding**

**Advance TEACH and other scholarship opportunities**

**Develop and implement a plan to increase compensation as skills and knowledge increase**

## **Attachment 6.6 Enforcement of Health and Safety Regulations**

State of Rhode Island, Department of Children, Youth and Families

### ***Regulations regarding the reporting of serious injuries for children in regulated child care:***

Child Day Care Center, Regulations for Licensure (1993) Section II, Part Three, #13. INJURY REPORT: A written report shall be made to the parent on the day that an injury occurs. A copy of this report shall be placed in the child's record. The injury, first aid and parent communication shall be recorded in the center health log.

Child Day Care Center, School Age Child Day Care Program, Regulations for Licensure (1993) Section II, Part Three, #13. INJURY REPORT: A written report shall be made to the parent on the day that an injury occurs. A copy of this report shall be placed in the child's record. The injury, first aid and parent communication shall be recorded in the program's health log.

Family Group Day Care Home, Standards for Licensure (1988) Section II, Standard Six; Administration, #4: The provider shall maintain a separate record for each child in care. The record shall contain all information gathered on the child including medical forms, emergency treatment forms, parental agreement and permission forms, etc.  
# 7: The provider shall notify the parent immediately in the event of an emergency which requires that the child have medical attention.

Family Day Care Home, Regulations for Certification (1990) Section II, Standard Seven; Administration, #7: The provider shall keep a written record of accidents and illnesses that occur while children are in care. The provider shall notify the parent or guardian of any accidents occurring while the child is in care. Notification shall be given on the same day that the accident occurs.



STATE PLAN FOR CCDF SERVICES  
FOR THE PERIOD 10/1/05 – 9/30/07

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